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ABSTRACT

This guide on parenting suggests ideas and methods to build self-esteem, courage, decision-making, and loving which are so important to child success and happiness. The introduction notes that this book is written for what seems to be the majority of parents who, despite the availability of much writing and other information on the subject of parenting, are still not sure how to do it. The guide covers destructive parental, school, and community attitudes which are active everywhere in society and which severely sabotage children's desires to be independent and to help themselves. These chapters are included: (1) "Motivational Deficit Disorder: Causes, Meanings, and Solutions"; (2) "Looking in the Mirror: Adult Problems Underlying Child Problems"; (3) "Excuse Psychology: The Diagnostic Lay-Away Plan"; (4) "Parenting by Questions: Finding A Way To Say Yes"; (5) "The Child Terrorist: Victory Strategies For Parent Hostages"; (6) "Fathers: The Missing Ingredient in Child Success"; (7) "School-Based Collaboration: Constructing A Partnership That Works"; (8) "Special Problems: Pregnancy, Substance Abuse, Divorce, Accidents, School Failure, and Suicide"; (9) "Questions and Answers On Automatic Pilot Parenting"; and (10) "Public Policy and Children." A bibliography is included. (ABL)

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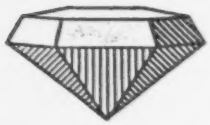

Parenting by Automatic Pilot

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Introduction

This book is being written for what seems to be a majority of parents who, despite the availability of much writing and other information on the subject of parenting, are still not sure how to do it.

It is certainly a great paradox that at a time in history when there is no doubt more parenting guidance available than ever before, parents seem to be more confused than ever. It seems to me that the central explanation of this paradox is that the parenting advice given to parents often ignores or fails to stress the key ingredient in all child problems, namely, parent problems. Child problems are often treated as intrapsychic or intrasomatic, i.e., within the child's mind or body, as opposed to contextual or interactional, i.e., caused by the child's interaction with his environment, principally his family environment.

Correspondingly, parents are advised to help their children without a sufficient understanding of the connection between the child's behavior and the parent's attitudes and behavior from which it principally springs. Thus, to change child behavior and solve child problems, parents must be willing to look at themselves and change their own behavior. Efforts to do otherwise are likely to be short-lived and fruitless.

In these times of two-career, divorced and step families, and of drugs, drunk driving, and 30% drop-out rate, successful parenting may seem beyond one's reach. This book is an attempt to make it likely, predictable, and something that occurs "automatically." Ideas and methods will be suggested in this book which will build the muscles of self-esteem, courage, decision-making, and loving which are so important to child success and happiness. There will also be extensive coverage of destructive parental, school, and community attitudes which are active everywhere in our society and which severely sabotage our children's desires to be independent and to help themselves.

Parenthood and childhood can be such a pleasure. I am hopeful that the ideas in this book can help parents to restructure their own lives and their relationships with their children in ways in which everyone can more fully enjoy the experience.

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Chapter One
Motivational Deficit Disorder:
Causes, Meanings, and Solutions

Before children can be raised properly, they must be understood. Conversely, when children are behaving improperly, it is most likely because they are not understood. Much has been written on the subject of what motivates children, and their grown-up versions, adults. Abraham Maslow (1970) has become famous for his "hierarchy of needs" schema which depicts five levels of human need ranging from basic needs such as hunger and thirst to higher level needs like "self-actualization." Alfred Adler (1923) argued convincely for the importance of children's "need for power." David McClelland (1973), in dozens of years of research, provided evidence for man's "need for achievement." Another motivation or cause for child and adult behavior has been thought to be "need for attention." Some psychologists have broken down all human motivation into two desires or needs: to achieve pleasure and to avoid pain. Pain and pleasure can, of course, be defined differently for different people.

In dealing with children, four concepts may be helpful in understanding what they're up to. These are coping, communication, metaphor, and parental assignment.

Coping

Coping is the act of facing a task or challenge and finding a way to deal with it. From the time of conception, children begin to assume more and more responsibility for coping with their environment. Some of this is voluntary, e.g., the young child's desire to touch as many things as possible. Some is involuntary, e.g., having to restrain himself from touching what he's told not to. Much parental impatience and frustration appears to proceed from a failure to understand a simple concept: that children are often doing things as an expression of a biological imperative to survive and thrive. If more child behavior could be seen in this way, perhaps parents could respond to their children's "mis" behavior

more gently. Misbehavior is usually an attempt of a child to make sense and handle his world from his vantage point. Understanding that vantage point will help us to avoid premature battles with children.

Communication

Another useful way to view child behavior is as a communication to his world. Parents often assume that children have a "devilish" or "mean" streak in them which leads them to do forbidden things. When a child interrupts a mother's phone call, it might be more helpful to understand the behavior as a communication rather than an expression of badness or oppositionalism. In this way, parents might take a few seconds to see what the child wants and to negotiate a time for talking, instead of simply telling the child to go away.

Understanding what a child is trying to say is not always easy, whether it be a non-verbal, 6-month-old or a withdrawn and angry teenager. Serious efforts to understand children, sometimes with the help of others, can usually result in more peaceful, satisfying interactions in which both parents and children feel good. Compromises can usually be worked out.

Metaphor

The concept of metaphor is a crucial one because it helps parents to look for symbolic meaning in child behavior. It is particularly valuable in more dysfunctional families, when direct expression of communication by children is ignored or punished or defined to the child as a sign of his "badness." The most powerful influence on children, as Bandura (1969) and others have shown, is parental modeling. Children use imitation as their primary coping device, and when parents are dysfunctional, children will be also. Direct imitation of parental misbehavior like yelling, hitting, or other abusive behavior, is often not tolerated in children. Children, therefore, need to find more indirect methods of imitation, e.g., what are called passive aggressive behaviors, which are disguised

expressions of the more direct aggressive behaviors used by parents on children.

Figure 1 depicts four major types of child behavior created by relationships between two dimensions of child behavior, namely, compliance and directness. The behavior of healthy children is plotted in the center of this "Universe of Child Behavior," having little or no characteristics of the deviant categories which are more severe at the periphery of the "universe." Dysfunctional child behavior can be divided into four categories or quadrants: Active Oppositional (AO), Passive Oppositional (PO), Active Compliant (AC), and Passive Compliant (PC). Examples of behaviors in all four quadrants are also given in Figure I.

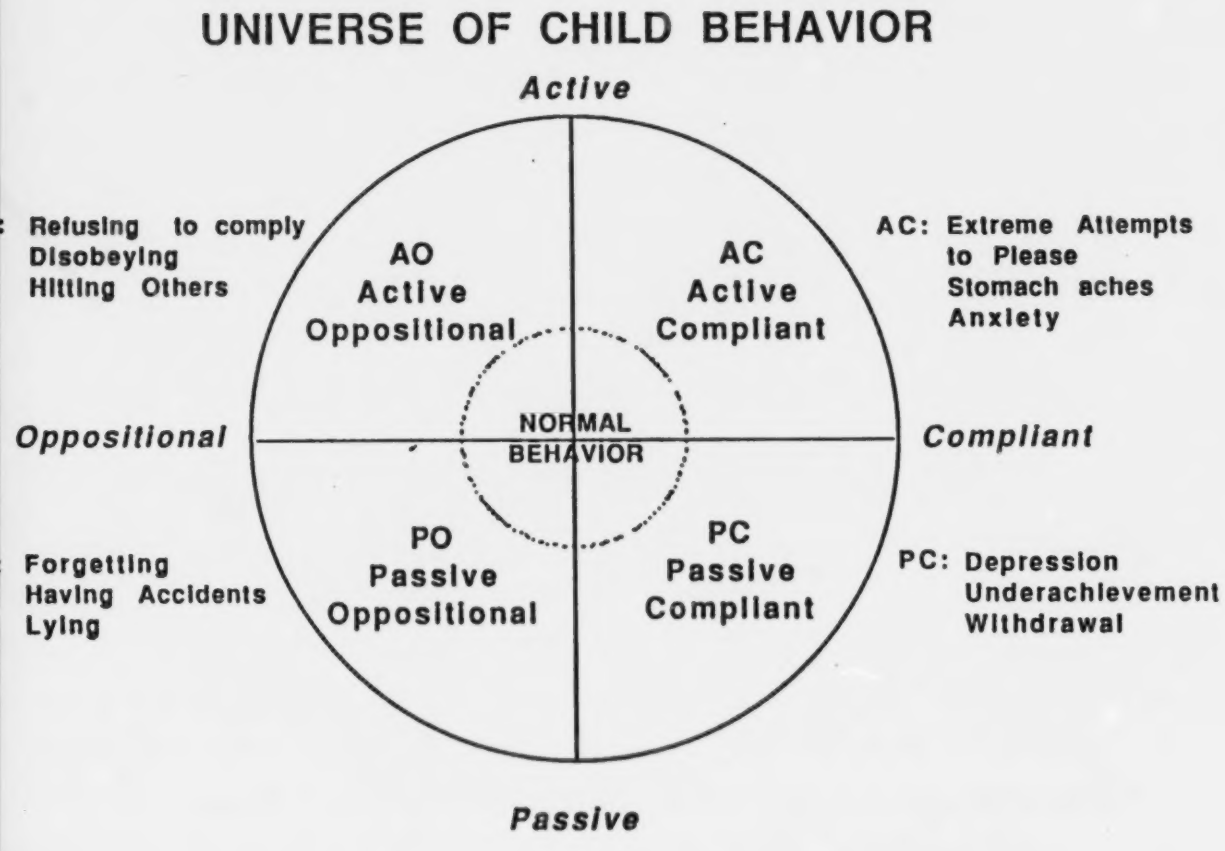


Figure 1: Universe of Child Behavior

As parents become more dysfunctional, child behavior becomes more metaphorical, and parents become more confused. The cycle of negative family interaction becomes more and more rigid, and a "Catch-22" situation evolves, in which a change in any family member is dependent upon change in some other family member. In these situations, the help of a therapist trained in understanding the "ecosystem" of the family becomes essential. Parents trained in an understanding of the concept of metaphor have a much better chance of catching child and parent problems before they become chronic and difficult to fix.

Parental assignment

Much child behavior can be interpreted as doing a job assigned by parents. Kids are used to doing "jobs" for parents from early ages, e.g., packing up their toys. Kids don't want to pick up their toys, but they are told or assigned to do it anyway. Many parent assignments, like picking up toys, are viewed by parents as good or constructive ones, and the assignment process, like the assignment to do homework, is generally considered a good one.

When a child begins to misbehave, it is good for parents not to forget the notion of assignment. It is difficult at times like these to think of unmanageable behavior as the assignment of parents. And yet when a child's misbehavior is allowed to continue by virtue of a parent's allowing it to go on, might not the child be interpreting parenting ineffectiveness as permission to continue? When a mother banishes a child to a room for "the rest of the day" and then lets him out in five minutes, what is a child to conclude. One conclusion is: Mom doesn't mind my acting up. She is not serious about my changing. I must continue my "assignment" to misbehave.

It is unfortunate that adult problems are acted out on children. But the reality is that child problems are often assignments from parents to help them avoid looking at themselves and their marriages. Parents alerted to this concept can begin to give themselves assignments and give childhood back to their children.

Positive Reframing of Child Problems

Thinking of childrens' behavior in terms of coping, communication, metaphor, and parental assignment allows parents to see a different picture through the addition of a new "frame." Just as reframing a picture makes it look different, reframing a child problem can help make it look different and lead parents to different attempts to solve it. Consistent with the concepts outlined in this chapter, most "negative" child behavior can be seen as positive. The child is usually not as much doing "bad" as doing good which looks bad. A corollary of this approach is the complicated procedure of reframing parent behavior as both bad and good - bad in the sense that the child is being blamed for parent inability to parent, and good in the sense that parents are victims of their own upbringing and mistakes their parents made. The bottom line is that there are no bad guys when children misbehave, but rather a bad situation that needs to be changed.

Parent Leadership: Blame vs. Responsibility

One of the most difficult tasks of the therapist and the educator is to help parents to assume parental leadership and responsibility for childrearing without incurring their anger for implied blame of their past behavior.

There is sometimes an easy way out of the blame/responsibility connection by simply attributing parents' ineffectiveness to their own upbringing. This is interpersonal sleight of hand which avoids terminal incompatibility between therapist and parent but isn't totally honest or helpful to parents. The truth is that in spite of horrendous backgrounds, many people do "pull themselves up by their bootstraps" and become successful and happy. "Excuse psychology," to be described later in this book, can be helpful in avoiding conflict, but eventually may have to be paid for, with interest.

An analogy that might be helpful in explaining the relative responsibility and blame to be assumed by parents and children for child behavior might be the working of the clutch and accelerator. To move a standard shift car, the clutch must be withdrawn and disengaged as the accelerator is pushed forward. In the area of parenting, parents are the

protective clutch that must gradually withdraw and children are the decision-making accelerators that must gradually move themselves forward on their own power. Without both clutch and accelerator, the car doesn't move. As the parental clutch is disengaged, children take more and more responsibility for their lives.

Motivational Deficit Disorder

If asked to name the major child problem in the United States today, it is likely that parents and others would pick from a list including drug and alcohol abuse, drunk driving, school failure and drop-out, childhood depression, learning disabilities, attention deficit disorder, poverty, and other factors. It is questionable that "lack of motivation" would appear on a list of childhood problems or that it would be picked by many as the #1 child problem. Yet lack of motivation may be the #1 problem, may underly all the other problems, and may, in reality, not be a "child" problem per se, but a family, school, and community problem.

"Motivational Deficit Disorder" (M.D.D.) is probably not in the dictionary or in the Diagnostic and Statistical Manual III-Revised (DSM-III-R) of the American Psychiatric Association. It may be that no one has ever used the term before. It is a term manufactured by this author, no doubt as a reaction to what some consider to be an overuse of the popular "diagnosis," Attention Deficit Disorder, or A.D.D. A.D.D. may often be a "misdiagnosis," not because children who are so labeled do not show "deficits" in paying attention, but because the attention deficits may not be primarily neurologically or educationally based, as A.D.D. proponents contend. Rather, attention deficits may be primarily psychologically and motivationally based and reactive to parent, teacher or other adult training and interaction. Thus, the "deficit" in attention is most accurately a "motivational" deficit which should be treated contextually and socially through interactions with children, like questions, communication, negotiating, rule-setting, and application of consequences. "Attention Deficit Disorder," by contrast, is treated with testing, medication, and special education.

Causes and Types of M.D.D.

There are basically two types of child Motivational Disorder: 1.) motivation not to do something appropriate and productive, and 2.) motivation to do something unproductive or inappropriate. In both these instances, there is a deficit of what we might call the "right" kind of motivation.

The main cause of M.D.D. is something one might call Parent Training Deficit Disorder, or P.T.D.D. There are four varieties of P.T.D.D. which are presented in four quadrants in Figure 2, the "Universe of Parenting Behavior." The quadrants, labeled OP/UC, OP/OC, UP/OC, and UP/UC, are created by relationships between two dimensions of parenting behavior, namely protection and control, or "love" and "limits." The particular style of parenting behavior that is used by parents will have direct effects on the type of child behavor that is observed in their children. Healthy parenting behavior is plotted toward the center of the Universe, dysfunctional behavior toward the periphery.

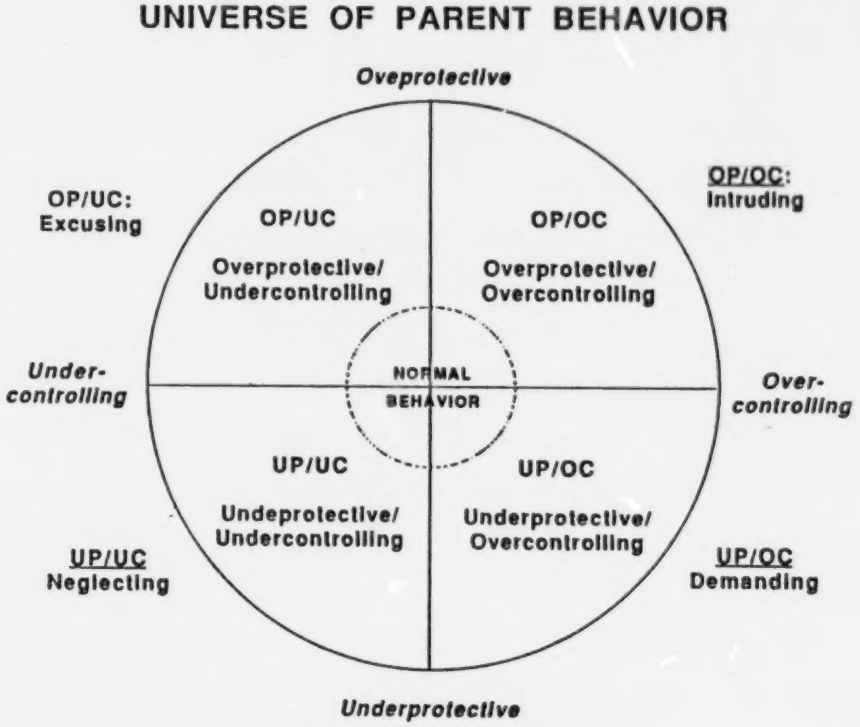


Figure 2: Universe of Parenting Behavior

The following is a description of the four varieties of parenting style and their relationship to the child behaviors presented in Figure 1.

OP/UC

The overprotective and undercontrolling parent will attempt to mediate excessively between the child and the environment so that the child doesn't get hurt. This parent will also let the child "get away with murder" so that it is not "traumatized" or hurt by parents' expectations. The problem with this dysfunctional style is that the child is deprived of experiencing the realistic boundaries of the physical and social world and, as a result, believes that it is invincible and in charge of the world. This child becomes a spoiled "brat" and a "terrorist," the "actively oppositional" (AO) child in Figure 1. The AO child will have little regard for anyone's wishes and be very obnoxious as a baby. It will become more and more unmanageable and disobedient until its parents or other adults protect it less and control it more. Procedures for dealing with "the child terrorist" are presented in Chapter 5.

OP/OC

The overprotective, overcontrolling parent will again attempt to buffer the child from any hurt that might befall it but, in addition, this parent will attempt to limit a child's freedom excessively. Often this parent has a perfectionistic personality and may be vicariously seeking acclaim through the achievements of the child. The OP/OC parent will tend to produce a child who is a very "good" child, an actively compliant (AC) child, who is not oppositional. The problem with this "good" behavior of the child is that it doesn't attend to its own needs and puts its parents' needs first. This child tends to develop stomachaches, headaches, and other psychosomatic symptoms. The remedy for this child is for the parent to loosen up on control and focus more on the needs of the child, not the parent. Procedures for this task are presented in Chapter 4.

UP/OC

The underprotective, overcontrolling parent is again perfectionistic, but is so selfishly preoccupied that the child's nurturance is overlooked. This child does not feel loved, and may not be, and experiences the world as a very lonely and critical place to be. This child begins to "oppose" the wishes of its parents but, because of fear, does so in a passive and indirect way to avoid censure. This child wil begin to forget things, procrastinate, and have accidents, including bowel "accidents." This "passively oppositional" (PO) child will have to receive additional protection and less control to abandon its defensive and self-destructive habits. The procedures of Chapter 4 are applicable to this child.

UP/UC

The underprotective, undercontrolling parent will let the child "get away with murder," but because the child feels unloved and underprotected,it generally chooses to "act in" instead of "act out." This child will withdraw, get depressed, and underachieve. This "passively compliant" (PC) child will need more protection and more control if it is to recover. The approaches outlined in Chapters 4 and 5 may both be necessary for the solution of this disorder.

Balance and Child Self-Motivation

Kids do need control and protection. But they also need motivation to succeed and to acquire the other important values of our culture like loving, playing, and keeping healthy. Within a balanced approach to parenting, control, protection, and motivation become intertwined since motivation proceeds from and requires self-protection and self-control.

A major question here is who is exercising protection and control. If control is external to the child, even if it is unbalanced, the child will sometimes respond favorably - at least while the external control agent is visible or close by. But what happens when the external agent is not around? It is this insight that guides parents to watch or supervise young children at all times. It is the lack of this insight that results in young children falling

down wells, shooting themselves with handguns, or drowning in swimming pools.

But we cannot always watch kids. Someday they have to watch themselves. Unfortunately, because of our unbalanced approaches to parenting protection and control, we delay, sabotage, and sometimes destroy the ability of children to watch themselves, i.e., we undermine the self-motivation of children.

Early Retirement Plan For Parents

An "early retirement" for parents and other child care-takers is possible - not totally, of course, but partially and progressively. Kids want to take care of themselves and need progressively reduced levels of supervision to do that. Unfortunately, child actions and statements scare adults into dysfunctional parenting styles. But children do know what's right from early years. One mother noted that her 9-month-old daughter had ventured around the room pointing to various items and saying "no, Mommy." This 9-month-old already knew what not to touch. Would it help to tell her a thousand, or ten thousand times, what else she should not touch or not do? Not really. But few parents feel comfortable without providing kids with possibly millions of unneeded directives and warnings prior to the child's leaving home - not to mention continued parental supervision of their adult children.

It is the opinion of this writer that children can take care of themselves with progressively less supervision from parents starting at age 3 or so. Supervision before this age can also be gradually reduced. The key to child self-motivation, self-regulation, and self-control is parent training. Well-trained chidren can and do assume responsibility for themselves early. Poorly trained children may never assume responsibility for themselves. These children are victims of P.T.D.D., Parent Training Deficit Disorder, and reveal themselves early as oppositional and underachieving kids and later as drug and alcohol abusers, drop-outs, and suicides, among other categories. Parents using balanced control and protection approaches can parent by automatic pilot and retire early.

The Essential and the Elective

A central corollary of the principle of balanced protection and control is a related principle: Let children control "elective" life issues and exert parent control only on the "essential." Parents may debate what is essential and elective in child behavior. Figure 3, "Child Behavior Locus of Control," shows some sample issues for parent control (essential behaviors) and child control (elective behaviors). It should be noted that for maximum development of child self-motivation, parents should control even the "elective" areas if children are unable to produce an acceptable plan of their own choosing and should leave even "essential" areas alone when children do have an acceptable plan. Again children as young as 3, with a little help from parents, can make very good decisions in most areas of life, essential as well as elective.

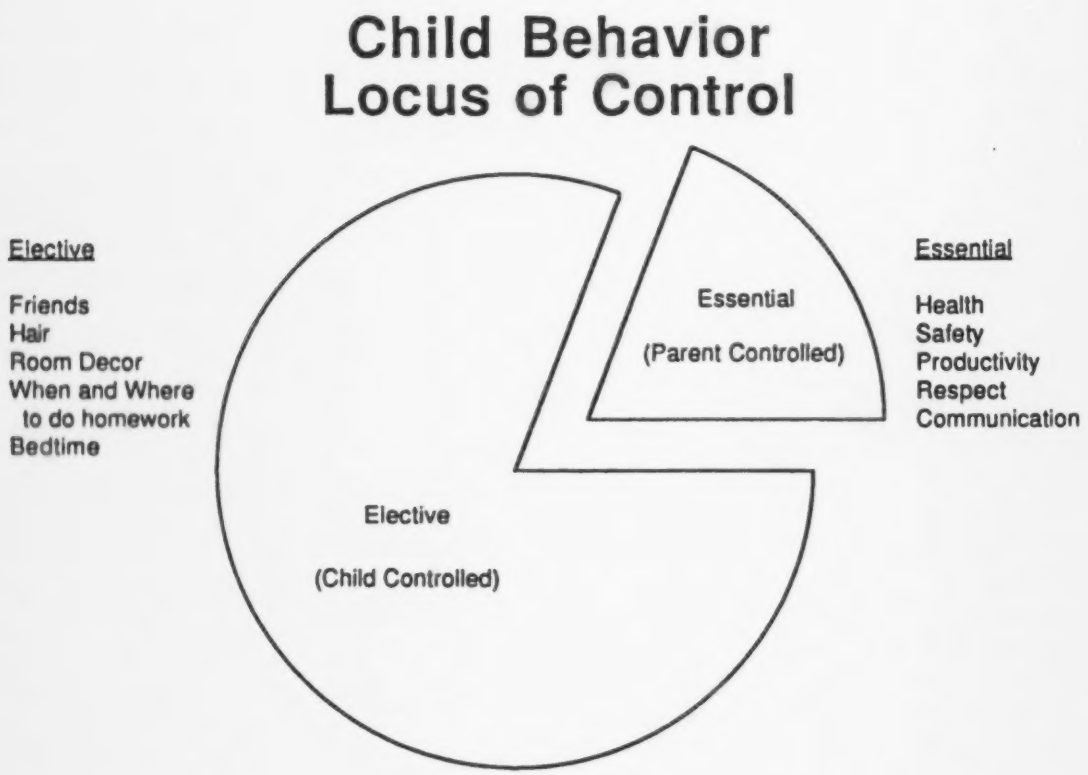


Figure 3: Child Behavior Locus of Control

Summary

In this book, emphasis will be placed on the early achievement by children of the ability to run their own lives. Concepts like "automatic pilot," cruise control," and the "early retirement plan" for parents suggest that when parents understand children, they can learn to become "consultants" who help the children to channel essentially positive and constructive desires to achieve and be good. "Motivational Deficit Disorder," not Attention Deficit Disorder, poverty, drugs, or other factors, is the primary child problem today. The main cause of M.D.D. is Parent Training Deficit Disorder (P.T.D.D.), Teacher Training Deficit Disorder (T.T.D.D.), and other adult training disorders. Parents and other caretakers can retire early by learning a balanced approach to raising children, leading to automatic pilot parenting and child self-motivation.

Chapter Two
Looking in the Mirror:
Adult Problems Underlying Child Problems

Now that Motivational Deficit Disorder has been identified, described, and traced to P.T.D.D., some may appropriately wonder about the origins of P.T.D.D. Why do parents develop this affliction and not, more naturally, grow into a more balanced approach to parenting? The answer, of course, lies mainly in the parents' own M.D.D. as children, which was caused by the parents' parents' P.T.D.D. The experience of parenting can, therefore, be compared to looking in the mirror. Child problems can be envisioned as communications to parents about parents' training deficits - mirrors by which parents can see their own family of origin issues being acted out in the present generation.

What can be done about P.T.D.D? In a sense, parents who adopt new parent training methods no longer have a deficit or a disorder. The plot thickens, though, when parents try to change. Their original M.D.D. has now been active for decades, and it is hard to see the world from a new perspective. Anxiety and depression may be the side effects of attempts to change. Many parents will need help from each other, friends, relatives, a parenting class, or a family therapist. The programming provided by the parents' parents has a strong influence, and habits like saying "no" and "parenting by lecture and threat" may be hard to break. In addition, there may be disagreements between parents about parenting, unresolved personal problems for one or both parents, or marital problems. There may also be physical problems or external factors like financial stress or illness in the extended family. Parents reading this book should try to identify the cause or causes of any personal, parenting, or marital difficulties they may be having and work to develop an approriate plan for change.

Resolving Disagreements Between Parents

It is this writer's experience that when child problems are not solved quickly, it is often because parents are fighting about parenting or other marital issues. The solution to child problems, therefore, is achieved through work with the parents. In some cases, more than parent education may be necessary, depending on the severity of the marital disagreements. Personal or marital therapy may be indicated. Parents who read this book and have difficulty agreeing on a "balanced" approach to child-rearing should not expect time to help very much. After a week or two of negotiating, they should ask some third party's help - a friend, relative, school teacher, or therapist. The safest, fastest approach is to go directly to a qualified marital and family therapist trained in marital conflict resolution.

The Family Of Origin and Parenting

The family of origin, the family in which we all grow up, leaves each of us with a unique mix of "the good, the bad, and the ugly." Due principally to this experience, adults enter marriage and parenting with more or less ability to handle personal, marital, and parenting tasks. The models of marriage and parenting presented by parents to their children are extremely powerful, and will have to be dealt with as these children attempt to fashion their own version of personal life, marriage, and parenting. Alcoholic parents, parents who disagree about parenting, and parents who are unhappy with each other leave their own children already handicapped in the task of doing a better job of parenting with the next generation. These handicaps exist in the form of low self-esteem, over-dependence on others for feelings of happiness, general confusion regarding goals and values, and other characteristics of what has been described here as "Motivational Deficit Disorder." Although the legacy of the family of origin is visible in many attitudes and behaviors of adults, it is probably no more clear than in the way adult children raise their own kids. The parenting deficits experienced by children will tend to be acted out by these children as parents, either by repeating the deficit, or by overcompensation in the other direction. For parents to parent by automatic pilot, they must be at least working on the

problems they "inherited" from their families of origin, and be able to see the connection between parenting issues and their own adult issues.

Case Studies of Parent Training Deficit Disorder

When a child develops problems in his social, emotional, or academic life, i.e., when he shows signs of M.D.D., Parent Training Deficit Disorder is surely at work. The simplest explanation is that parents are disagreeing on parenting. How deeply rooted these disagreements are is not clear at first. For a child to be released from his problem, the parents must resolve their disagreements. The following scenarios or case examples are provided to help clarify the relationship between child and parent problems and to demonstrate what must be done for children to "get better."

The Case of Cory

Cory was four years old. He attended a pre-school program for children with "special needs." Cory was a "behavior problem." He didn't obey adults, did what he felt like, and was difficult to manage at home. School officials were able to manage him better, but these gains did not generalize to the home setting. Parents and school staff were not sure what the problem was, and hypotheses like Attention Deficit Disorder and Hyperactivity were considered.

Interviews with Mom, Dad, Cory, and his 2-year-old sister provided the necessary missing pieces of the puzzle. The younger sister who, by contrast with Cory, was not as much of a problem, was nevertheless also difficult to manage. In fact, in the family interview held with school personnel at the school, the daughter was as much of a problem as Cory. In addition, attempts to get the parents to control either of the children were accepted differently by both parents. Mom, who had read "everything" on the subject and who was home all day with the kids, was open to suggestion. Dad, who was away from home a lot and who was generally less involved, was resistant to suggestions and made only feeble efforts to control the kids.

Further investigation revealed that both parents had a history of drug use and at least mild irresponsibility, but that Mom had given up this lifestyle. Dad still smoked marijuana regularly. Also, Dad had been "spoiled" in his family of origin and was still overly attached to his mother. Mom and Dad disagreed on many issues, including Dad's drug use. The children became the ground on which the family of origin based marital battle was acted out. Only when adult parenting and marital disagreements began to be dealt with did the children stop acting up.

The Case of Sean and Alan

Sean was 7 and Alan 10. They had both been diagnosed as A.D.D. and had been on Ritalin for 5 years each. Alan was becoming more manageable and successful in school, but Sean was getting worse, if anything. He was oppositional and difficult to manage and exhibited psychosomatic symptoms like severe stomach cramping.

In the family interview it became clear that Mom and Dad disagreed about parenting. Dad was stricter and expected the kids to behave. Mom was a victim of sexual and other abuse as a child and was overly concerned about the emotional "needs" of the children. As a result, she was raising "brats" or "terrorists" and being abused again, now by her children. Mom was also angry about Dad's inability to be as tender and nurturing with her as she would like. Finally, Mom liked to play; Dad was more serious.

In family interviews, Mom and Dad agreed to discontinue the use of Ritalin and to come together on behavioral expectations for the children. Family-school collaborative sessions were held at school. The children improved at home and school. Mom and Dad continued to work on their marriage. Mom began working on ways to distance herself from the handicapping effects of her own abuse as a child and to accept and feel better about herself in the present.

Summary

In this chapter, we reviewed the family of origin effects on parents' marriages and on the task of raising their own children. Parents who are victims of Parent Training Deficit Disorder will show signs of Motivational Deficit Disorder. They will then act out their own personal problems in their marriage and parenting by repeating their parents' deficits or by overcompensating in the other direction. Child problems that develop in this context are best handled not by labeling the child with intrapsychic diagnoses like Attention Deficit Disorder but by the parents' working on their own personal, marital, and family of origin issues. By so doing, children can thrive while parents parent by automatic pilot.

Chapter Three
Excuse Psychology:
The Diagnostic Lay-Away Plan

A concept related to Motivational Deficit Disorder and probably its major cause outside the family is that of "excuse psychology." Over the past two decades or so educators, psychologists, and other specialists have substantially advanced our ability to detect learning differences, usually called "disabilities," in children. While these discoveries have immensely helped some children who used to be labeled in other ways, e.g., stupid, bad, or emotionally disturbed, they have also helped to create an "intrapsychic" climate in which child home and school difficulties are attributed to a new collection of disabilities inside the child. Public laws, like Connecticut's P.L. 94-142 have, since 1975 or so, mandated that schools provide for the "special needs" of children with these disabilities. An unfortunate side effect of these new developments, however, is an "excuse psychology" and a "diagnostic lay-away plan."

Excuse psychology is a way of thinking about children which attributes problems like disruptive behavior or academic difficulty to causes beyond the control of the child. These causes are usually considered to be inside the child, e.g., learning disabilities, attention deficit disorder, hyperactivity, or other neurological or medical problems like allergies or sensitivity to sugar. Sometimes these causes begin outside the child, but again end up inside the child, e.g., malnutrition by neglectful parents during the first year of life or the emotional effects on the child of his parents' divorce. Whatever may be the real or imagined causes of a child's home or school problems, through excuse psychology, the child begins to be "understood" by adults, given "special" treatment, and provided a "mortgage plan" by which expectations of appropriate behavior are "laid away" to a future, somehow more manageable, time. Individual therapy, psychological testing, medication, and hospitalization are four of the key features of this diagnostic lay-away plan. Unfortunately, many "special" childhood diagnoses do not result in solutions, and the "payment" for solution eventually becomes two or three times greater because of the

interest incurred through stronger dysfunctional child academic and behavioral habits. Developmental maturation helps few of these problems, and the result after several years of "expert" diagnosis, is a correct "diagnosis" of secondary problems which have been created by the original misdiagnosis. These problems are now really in the child and are much more difficult to manage. Many examples of the diagnostic lay-away phenomenon are provided throughout this book.

A.D.D. and Other Misdiagnoses

It may have to remain a mystery or a matter of speculation why Attention Deficit Disorder and other diagnostic categories have become so popular today. It is difficult to determine if children today are any more hyperactive or distractible than in the past. It is the theory of this writer that, as with many other statistics, e.g., those on crime, the main change is not in the phenomenon itself but in the reporting. Whatever the reason for their increased popularity, A.D.D. and other neuro-medical-educational diagnoses seem to have replaced the equally intrapsychic, remote, and untreatable mental illness diagnoses of the past. Thomas Szasz (1970) has referred to these mental illnesses as "myths" and a similar follow-up book on "neuroedumedical" myths seems to be needed for this generation. Similarly, as with the child mental diagnoses, neuroedumedical diagnoses afford the adult world the ability to distance themselves from the child's problems and provide them with medication, testing and special services which do not involve changes in adult socioeconomic and political systems like families, schools, and professional services.

It is important, at this juncture, to stress again that the opinions expressed in this book should not be misconstrued as a categorical dismissal of all neurologically, medically, and educationally-based difficulties experienced by children. Certainly, it is true that there are such things as learning differences, and even disabilities. Children who are blind should not be expected to read with eyes that do not see. Visual-motor difficulties, learning styles, and reading problems caused by dyslexia all deserve compensatory learning efforts initiated by regular and special education personnel. What is being said

here is that when children have problems, it is often assumed or judged that the problem lies inside the child. This predilection for intrapsychic diagnoses leads to intrapsychic treatment strategies like educational and psychological testing, individual, group, and peer counseling in schools, referral for "outside" individual counseling by a private or agency therapist, referral to a pediatrician, neurologist, allergist, nutritionist or other medical specialist, use of drugs like Ritalin and Dexedrine, referral for "special" education, or referral to a placement outside the regular school, such as a hospital or special school. It is the experience of this writer that the large majority of all the problems leading to any of the above referrals and actions do not result from neurological, medical, or educational causes, but rather from systemic interactions between parent and child, parent and parent, parents and school personnel, school personnel and other school personnel, and other such interactions. If it is true that child home and school problems are caused mainly by interactions involving adults, then it becomes extremely important to question why adults are not the focus of assessment, diagnosis, and treatment. It is important to look at more likely systemic causes of child problems before assuming less likely intrapsychic or intrasomatic causes. Current family, school, and larger system social and public policy does not provide for this approach.

Alternate Plan For Child Problem-Solving

Parents who have children who are misbehaving, underachieving in school, wetting their beds, fighting with their siblings, or refusing to eat "disgusting" dinners must do something. Unfortunately, because of the lack of good training programs for parents, teachers, medical, and other personnel, adults often do not know how to avoid child-rearing problems or how to solve them once they start. Adult training programs in child-rearing, in addition to individual, marital, and family therapy for adults are the primary vehicles for solving child problems. Poverty or disadvantage of adults is sometimes part of the problem, but much less often than is sometimes alleged. Poverty most often is yet another excuse for poor childrearing, and attempts to solve child problems by giving money to the poor will most often become additional diagnostic lay-away plans.

Because parents, the principal child caretakers, are often blind to their own childrearing errors, it is suggested that schools become the major focal point of efforts to help parents and children. Children spend 25% of their awake hours in school, sometimes from age 2 and, in any case, from 5 until at least 18 years of age or so. This percentage includes vacations, so that often children are spending 50% of their awake day in school. Schools provide the opportunity for an "army" of teachers, with a multitude of professional skills and generally a surplus of caring for children, to observe children and participate in the task of their healthy upbringing.

School-Based Collaboration: Antidote for Excuse Psychology

Coupled with the childrearing methods described in this book, the "family-school collaboration" approach offers parents a powerful vehicle for achieving parenting excellence. The "collaboration model" has been practiced in schools at least since it was introduced by Harry Aponte and reported in his 1976 article, "The Family-School Interview: An Ecostructural Approach." (Aponte, 1976). This writer has personally been practicing this model since 1983. An extensive treatment of this work is available in "School-Based Collaboration: Constructing a Partnership That Works" (O'Callaghan, 1991.) The essence of school-based collaboration is the bringing together of the major players in a child's life for candid sharing of their observations about that child, and with the help of a skilled ecosystems consultant, the creation of a plan for the solution of whatever problem a child may be experiencing. These problems can be of any variety - social, academic, emotional, or behavioral. Problems thought to be neurological or medical in nature can be considered first within the systems context so that less likely intrapsychic hypotheses and treatment plans are not pursued prematurely. When interactional factors are analyzed and found to be irrelevant, other more rare, neurological, medical, or truly educational factors can be more seriously considered.

School-based collaboration, in this writer's opinion, is the treatment of choice for many home and school problems. A full chapter will be alloted to this topic later in this book. The following case example is included at this time to more vividly illustrate the

prevalence of excuse psychology and diagnostic lay-away plans in our society and to show the advantages for all concerned of an alternate approach involving automatic pilot parenting and school-based collaboration.

The Case of Jeremy

Jeremy was an 11-year-old boy in the fifth grade. He had been diagnosed as Learning Disabled and Hyperactive with Attention Deficit Disorder at age six and had already been retained once. As a labeled special education child, he had spent part of every day of his first five school years in the elementary school "learning center." In addition, he had been taking Ritalin (7.5 mg O.D.) for four years and more recently Dexedrin for one year on the advice of a pediatric neurologist whom the parents and school personnel thought of as "an expert." The parents had switched from Ritalin to Dexedrine after four years because of what Mom called "attitude problems resulting from Ritalin." Jeremy had also been provided with summer tutoring by the learning center teacher, individual in-school counseling by the school psychologist, and language therapy by the speech therapist who, in addition to language work, initiated a behavior modification program for poor social behavior. The learning center teacher had had literally hundreds of consultations with the mother over the years, and Mom had herself seen two or three psychiatrists, who had all prescribed various anti-depressant medications for her. While the idea of marriage counseling had been discussed in the mother's therapy, few marital sessions had taken place, supposedly because her husband was resistive.

After all these attempts at helping young Jeremy over five years, and literally thousands of hours of informal efforts by home and school, one would expect to see at least some small improvements. Unfortunately, if anything, Jeremy was unimproved or worse. What follows is the school's description of what is called their "presenting concerns" on the referral form used by the collaboration program.

- poor social behavior
- difficulty maintaining friendships
- negativistic and antagonistic attitude towards peers
  (long-standing problem since grade 2)
- resistance to school work
- easily frustrated
- distractible
- producing minimal work in learning center
- appears to be angry with teachers, talks, shouts back
- makes statements like, "You don't have time for me"/"You didn't teach me that yet."
- apathetic mood
- low self esteem
- desires to spend more time in regular grade 5 classroom
- dislikes language therapy.

After making no progress with Jeremy at the beginning of now his sixth year at the elementary school, the school decided to refer Jeremy and his family to the school-based collaboration program that had been on-going in the school district for two and a half years.

Intervention

The first collaborative team meeting with Jeremy and his family was attended by ten people - Jeremy, his father and mother, his regular teacher, his learning center teacher and language teacher, the school psychologist (who set up the meeting), the school nurse, the school principal, and the school consultant. Jeremy's ninth-grade sister was out-of-town and could not attend the session. The meeting began with everyone describing the problem, which was stated in much the same way as provided on the referral form. There were now several differences, however:

1. Jeremy was present to listen to everyone discuss him together. This format conveys respect for the child's ability to handle information about him sometimes withheld from so-called "handicapped" children.

2. Jeremy was asked what he thought and to interact with staff members and parents regarding diagnosis and solution. Thus, there was an expectation of involvement and an attitude of respect conveyed to him.

3. All present could hear everyone else's opinions at the same time and interact. In this collaborative environment, new and different information about Jeremy had a greater chance of surfacing than from one-to-one or smaller group interactions. Also, information given only to some could become public knowledge for everyone to hear. By the sheer number and importance of the people present and by the narration of the sad story of adult ineffectiveness and student failure, a strong need developed to solve the problem fast. It was possible for individuals one at a time to deny the problem, get discouraged, and procrastinate, but with everyone present, an extreme pressure was generated on participants to finally help the child. If nothing else, failure was embarrassing.

4. Through the introduction of a competent systems consultant, group interactions were skillfully orchestrated and new ideas and strategies were introduced. In Jeremy's case, the following recommendations were made:

a. Discontinue the use of Dexedrine.
b. Let Jeremy earn more time in the regular classroom.
c. Define Jeremy as "unhandicapped," just as good as his smart sister; this re-definition is crucial not only for Jeremy but for everyone else present.

d. Ask Jeremy to help develop and approve the plan for his success.
e. Insist that his temper tantrums stop immediately, conveying a belief in his ability to control himself; provide unpleasant consequences for the continuation of the tantrums, e.g., having to spend "boring" time flat on his bed.
f. Arrange for a "circle" meeting between Jeremy, his family, school staff, and Jeremy's regular class to discuss his social problems and solutions to them.

As a result of school-based collaboration, the ground work was laid for further, more intimate, interaction among all participants following the meeting, particularly between the parents and the school consultant or school personnel for whom the parents now have greater respect and trust. In this case, the mother called the school consultant to discuss personal and marital problems and set up a private marital therapy session.

Results

In the case of Jeremy, the results were good. Jeremy did discontinue the use of Dexedrine, and felt much better. He said he could "see the ball" again, and did hit a grand-slam home-run soon after stopping the use of the medication. Dad, especially, was happy, since he never liked the idea or the slightly immobilizing effect of medication. Jeremy's "circle" meeting was extremely successful, leading to better relations with his peers, more control for Jeremy, and his willingness to come to the teacher in case of conflict. Jeremy continued to show problems in staying on task, but there were signs of improvement, and because of his behavioral improvement, the school staff was more hopeful that academic progress would gradually be faster.

Mom and Dad began marital therapy with the school consultant. Mom continued individual therapy with the psychiatrist, but went less often. She eventually discontinued the use of her anti-depressant medication. Dad gradually began to moderate his view that his wife was the main or the only problem and to put more effort into pleasing her. Mom

began to moderate her demandingness and to give her husband "the benefit of the doubt." The parents were both extremely pleased with Jeremy's behavior, and Dad began to help him every night with his reading. The school staff was extremely pleased with the intervention because for the first time in five years they felt in control of the problem and confident they were making progress.

Summary

Attention deficits, hyperactivity, allergies, nutritional factors, and other problems affecting some children are often misdiagnosed as the causes of many child problems more accurately traceable to family or other "systems" or contextual considerations. Intrapsychic diagnoses like A.D.D. provide adults with a simpler, more remote, but less effective explanation and treatment plan for most child problems.

Chapter Four
Parenting By Questions:
Finding A Way To Say Yes

There are few more discouraging and upsetting experiences for children than to be ignored, contradicted, lectured, and told "no" by parents. This is especially true when, as is often the case, the child has intelligently considered alternative plans of action and made what he thinks are good decisions regarding the conduct of his life.

The notion of "parenting by questions" is really a simple one, as may be obvious. It essentially involves asking questions instead of giving answers, warnings, threats, punishments, or other adult directives. It "indirectly" shifts the focus of responsibility onto the child, asking him or her to give an opinion, consider alternatives, make a plan, reassure the parent, and perhaps suggest consequences if promised activities or agreements are not carried out. Indirect "parenting by questions" targets "essential" areas of child behavior like health and safety, and leaves other "elective" areas like hairstyle and homework schedule up to the kids. It results in automatic pilot, self-regulated, or cruise control behavior on the part of children.

"Parenting by questions" is a technique developed by this writer to help parents avoid the extremes of protection and control. Questioning is a very powerful technique because it asks the other party to say something back, to reveal something about himself, or to tell you what or how he is thinking. There are many advantages to questioning children.

1. A first advantage is that it provides an access to the child's thoughts; this access may be the main protection against all dangers to children. If we know what they are thinking, we can help them to avoid mistakes and take good care of themselves.

2. A second advantage to questioning children is that it allows parents to avoid giving instructions or lectures about things that the child already knows.

3. A third advantage is that it gives children a chance to make decisions and plans for themselves. Further, children get feedback on their plans and get a chance to enhance their self-esteem through making decisions that work. Parents are already supposed to know how to do these things.

4. A fourth advantage is that it avoids fights. If kids can show that they have a good plan for themselves, then parents don't have to say "no" so much. No, as we know, is close to the worst thing you can say to a child.

5. A fifth advantage is energy conservation. When parents ask questions, children do most of the work.

Teenage Freedom: Management by Questions

The following case example of parenting by questions is presented in an attempt to make the procedure more understandable. Two scenarios are given, one that is less preferred and one that is more preferred.

Parent -Teenager Interaction:
Scenario A

In this example, a mother and a teenage son discuss his desire to go out.

Child (age 16): Mom, can I go out tonight?
Mom: Where?
Child: John's.
Mom: Why?
Child: He's having a few friends over.
Mom: Who are they?

Child: Phil, Amy, Todd, and some others.

Mom: Are they drug addicts?

Child: No!

Mom: Are the parents home?

Child: I'm not sure.

Mom: Well, find out.

Child: And I want to stay out 'til 1:00.

Mom: That's out of the question. Midnight is already too late.

Child: Mom, I'm 16, and I've always been responsible.

Mom: Just the same, kids are into all kinds of things these days, and my job is to protect you.

Child: I'm getting sick of this; don't you trust me?

Mom: I trust you. It's those others I don't trust.

Child: How about 12:30?

Mom: Nope. 12 midnight. That's my final decision.

The preceding is a very brief example of the oppositional, adversarial interaction in which many parents and children become engaged. It leaves both parties feeling guilty, angry, frustrated and otherwise upset. The child often pushes the limit. The parent then overlooks the violation or punishes it, in either case making things even worse.

Consider the alternative approach of "parenting by questions" as outlined in Scenario B.

Parent-Teenager Interaction:

Scenario B

Child (age 16): Mom, I want to go out tonight.

Mom: OK. Where are you going?

Child: To John's.

Mom: Are you going to be safe?

Child: (good naturedly) No, I'm going to get arrested.
Mom: Just checking. When will you be home?
Child: Oh, about 1:00.
Mom: Are you sure you want to stay out that late?
Child: Well, I might be home earlier. I just want the flexibility, and I don't want you to worry.
Mom: O.K. Leave me a number where you can be reached and call if you need anything.
Child: O.K. Thanks, Mom.

Scenario B is again briefly outlined. Actual interactions may be longer or shorter, less or more detailed, depending on the event, the time of the requested curfew, or other factors. It is hoped that the differences between Scenarios A and B are clear. After Scenario B, Mom and Child both feel good about each other, trust and appreciation has been reinforced, and the child has had a chance to problem solve, reassure his parent, and make commitments. Similar examples can be given for children of all ages.

What If Something Goes Wrong?

Parents frequently ask "What if something goes wrong?" Answer: Much is already going wrong, with epidemic statistics on disobedience, lying, running away, drinking, deceptive scams, violence, suicide, and manslaughter through car accidents and fights. If something goes wrong in Scenario B, it is probably less disastrous than the result of Scenario A and should lead to another round of parenting by questions. This writer has found this method dramatically effective. Many current "directive" methods like screaming, lectures, and grounding are often clearly ineffective or unnecessary. "Indirect" parenting by questions greatly acccelerates the assumption of responsibility by children, gets them into "automatic pilot" or "cruise control," and results in warm, low-problem, delightful relationships between parent and child.

Warning

Constructive, direct methods like establishing firm rules and consequences for persistent misbehavior are at times necessary for those few occasions in which children are unwilling to negotiate with parents. Effective parenting does include the ability to say no, but only as a last resort. More forceful, direct methods will be discussed in Chapter 5.

The Little Engine That Could

As a child, this writer was intrigued and inspired by the story of "The Little Engine That Could." The story is about the life of a little engine which idolized the bigger, perhaps "older," engines who were more powerful. One day the little engine got a chance to be a hero. When the big engines were out of commission for some reason or perhaps out of town on a business trip, the little engine was asked to take a load up a mountain. The heart of the story was the narration of the little engine's self-talk as it decided to take on the task, as it proceeded to face the obstacles involved, and as it ultimately succeeded. As it went up the mountain, the little engine kept repeating to itself, "I think I can, I think I can, I think I can..." After it reached the top of the mountain, and then on the way down the other side, the little engine changed its refrain to, "I thought I could, I thought I could, I thought I could ..." It is not clear from the story where the little engine got its motivation, but it was clear that it had it. What is suggested here is that the best source of motivation is acceptance and reinforcement of a child's efforts to help himself.

"Just Say Yes"

During the late 1980's, a campaign against drug use was inaugurated with Nancy Reagan, the President's wife, as the spokesperson. Her main slogan for the campaign was "Just Say No." The immediate reaction of this writer to the negatively phrased injunction was negative. I wanted to "Just Say No" to "Just Say No." Besides being extremely naive, the slogan seemed to be emphasizing the more limiting aspects of

human behavior as opposed to the more expansive. What seemed to be missing was an encouragement to say "Yes" to something good, rather than to say "no" to something bad, though both reactions were important to success. A new slogan was eventually attached to the anti-drug campaign, "Just Say Yes - to a life without drugs."

The importance of saying yes to kids cannot be overly stressed. After basic child limits are set between birth and 3 years old, kids can learn to live and thrive almost entirely on "yes" reactions from parents.

Why Say No

In reaction to horrified looks and non-verbal gestures from parents who hear about "Just Say Yes" psychology, one might ask them why they would have to say "No." The usual answers from parents, like "they'll get in trouble if I don't," seem to have an underlying, unconscious assumption that children really like to do wrong. A different belief about children is possible, namely, that they want to do right. Kids want to imitate and please their parents and other adults they have come to love. Children also, however, have a desire to have life "their way," as Burger King urges us to do. This is normal child behavior. Parents wanting motivated and happy children must learn to recognize that their own behavior will be the most powerful influence on their children, no matter what they may say verbally. Parents and other adults have for years jokingly exhorted kids to "do as I say, not as I do." Unfortunately, some parents think kids may be influenced by such convoluted thinking. Children need "models" of good behavior, mainly parents, and as many opportunities as possible to "practice life" under supervision. "Parent as consultant" to children is a better model of parenting than parent as detective, guard, or warden.

Sibling Rivalry: The Indirect Approach

Earlier in this chapter two scenarios were prrovided for dealing with the issue of adolescent curfew. In the present section, a set of guidelines is offered for dealing with the issue of sibling rivalry.

Sibling rivalry is one of the most annoying, largely unnecessary, aspects of the parenting experience. Parents, almost universally, seem to believe that sibling rivalry and its concomitants, fighting and unpleasantness between siblings, is unavoidable. The following set of guidelines will hopefully outline for parents a way through the morass of sibling rivalry, as well as through other difficult situations involving one or more children.

Guidelines For Sibling Rivalry and Other Difficult Situations

1. In a family meeting set up rules for sibling conflict resolution. Involve children actively in setting up the rules. The rules should include what to do e.g., be nice, talk politely, and what not to do, e.g., yell, insult, and hit.

2. Be alert for the first signs of child conflict, and intervene early. Spend one or two minutes playing detective and looking for a major culprit. If none is discernible, give the children a chance to work the conflict out themselves, but do not wait until they begin to yell at, insult, and hit each other.

3. Ask each child for his or her version of the problem, asking one to wait patiently while each takes a turn.

4. Ask the children whether they would like to settle the conflict by themselves, or have Mommy or Daddy "help." Remind them that hitting, insulting, and yelling are not allowed in this house.

5. If kids decide to settle the problem themselves, leave the immediate scene, but monitor their progress from a distance.

6. If they are successful, drift back to them shortly thereafter. Ask them how they are doing, and congratulate them on success.

7. If they are unsuccessful, and begin arguing again, intervene again by sitting them down and joining them. Suggestions can now be provided regarding solutions to the conflict.

8. If the conflict is still not resolved, give the kids the choice of dropping the issue or lying down on their beds until they can cool off. The children should make their choices independently.

9. If they choose to drop the issue, the conflict is over for now. If they choose to lie down, allow them to come out only when they agree to "be good."

10. Invite the children to bring up this or any other issue at any time in the future, and assure them that they will get some help.

The above guidelines are expected to be "guidelines," not a total cookbook recipe for instant success. Parents are advised to use their own common sense to adapt the letter and spirit of these recommendations to the particular circumstances of their family situation.

Summary

Saying "yes" is a most powerful tool for raising happy and successful children. "Parenting by Questions" and giving kids choices are often very effective methods for helping kids to practice decision-making, interpersonal skills, and general competency. Parents using these methods will hardly ever have to say "no" to their children, and can soon file for "consultant" and "early retirement" status.

Chapter Five
The Child Terrorist:
Victory Strategies for Parent Hostages

Mention was made in Chapter 1 of the "Universe of Parenting Behavior." Four dysfunctional styles of parenting were presented. In this chapter, we will focus on overprotective, undercontrolling parents and the "brats" or "terrorists" they train or produce. Case examples will be provided and strategies will be described which will enable parents to control their kids without resorting to incorrect neuroedumedical diagnoses or abusive, overcorrective measures like lecturing, threatening, "grounding," and hitting.

"Brats" or child terrorists are children who not only want to do things their own way, which is fairly normal, but expect that this will happen, and oppose all efforts that stand in their way. These "oppositional children" are often children who have had some medical, nutritional, or developmental problem in early childhood and whose parents understandably feel sorry for them. These children may have had hearing problems and have had tubes implanted in their ears. They may have had difficulty swallowing or digesting food. They may have been emotionally neglected during a bitter divorce. Whatever the source of the early difficulty, when parents feel too sorry for kids or treat them too "specially," the children are likely to assume additional imagined handicaps and begin to expect special treatment unrelated to that deservingly needed for the original legitimate difficulty. The outcome is "sensitive," "allergic," "hyperactive," or other children who are not expected to handle the normal tasks and stresses of everyday life. When a child is treated for a sufficient period of time as "special," he begins to internalize this concept of himself, and to act accordingly, with or without justification. When parents and other adult figures begin to feel abused by the child's demands, their attempts to defend themselves and expect more reasonable child behavior are met with defiance. As was the case with President Nixon during the Watergate Affair in 1973, kids who experience power are very reluctant to give it up. Parents who are alternately furious and sympathetic, and generally guilty, are no match for adversaries such as these.

Rethinking the Handicap

Probably the most important step in learning to control terrorist children is changing the way we think about them. Parents of terrorist children have often been so indoctrinated in what children can't do that they expect less of children and, not surprisingly, get less. A shift needs to be made from negative thinking, i.e., from a focus on what our children can't do, to positive thinking, i.e., to a focus on what they can do. Rosenthal (1966) showed that teachers given high and low expectations of children actually taught them in such different ways that the children's standardized test scores were significantly different at the end of the year. Similarly, no matter what may be a child's physical, mental, or emotional handicap, adult visualization of the positive will help the child to visualize successful outcomes for himself. The motivational research literature has shown dramatically that the most successful athletes and other professionals are those that write down goals and action plans, talk to themselves positively, and vividly imagine the success they will achieve (Meyer, 1988.)

In addition to emphasizing the positive, parents must be helped to examine the specific handicaps or problems their children are supposed to have. A careful review of virtually every handicap can result in the conclusion that there is no necessary connection between the handicap and terrorist activity. All children having any difficulty can learn to ask for help and control emotional outbursts when they are frustrated. Children know this. It is their parents that need to change their thinking and to become less sympathetic and more truly helpful.

Strategies For Terrorists

As was mentioned in Chapter 4, the first and best strategy for dealing with children is to do it their way. Through "parenting by questions," children can practice decision-making and build self-esteem. But when children are not willing to be reasonable or negotiate, then a line must be drawn. Parents must be willing to use "veto power" when necessary.

The following set of procedures has been found to be extremely effective in helping children to comply with reasonable parental expectations and to desist from terrorist or insurgent activity:

1. Secure agreement from your spouse or any other significant parenting figure regarding the need for change in the behavior of one or more of the children. This may very well be the most difficult step in the process. Without this step, further progress will be difficult or impossible.

2. Call a meeting of the entire family to express the opinion that you, the parent, are feeling abused, and that you need things to change. Tell everyone that you would like their cooperation in negotiating some new rules and procedures. This method usually catches everyone's attention and sometimes leads directly to the setting of new family rules.

3. If one or more members of the family are unwilling to cooperate at this stage, tell them that you are prepared to take matters into your own hands. This step assumes that you, the parent, have really come to terms with how desperate the situation is, and are prepared to do whatever it takes, even to separate from your spouse, to get matters under control.

4. If both parents are united in their resolve to help their terrorist child or children to change, and the children are willing, begin to negotiate. Parenting by questions will be helpful here. As much as possible, the plan should come from the children. Children are often much more capable than we think. Suggestions can be made by parents, but they should, as much as possible, be ratified by the children.

5. Secure agreement from all parties to the new set of rules and identify consequences for failure to follow the rules. Time on a child's bed, with "no toys and no noise," with the door open, has been found by this writer to be the most effective

consequence for any child misbehavior or failure to comply.

6. When children are not willing to lie on their bed, before or after family negotiation and agreements, parents are advised to lay their children on the floor, hold their wrists down, and sit firmly on their legs for whatever time necessary to gain compliance. This activity has been called "exorcism" by a few parents and is really the least abusive or damaging method of all those used by parents on terrorist children. The exorcism takes anywhere from zero seconds, when the mention of it is enough to gain child compliance, to 2 or 3 hours, on rare occasions. Parents who are in agreement about parenting rarely have to use this method more than 2 or 3 times. Parents not in agreement about parenting, as mentioned before, are unlikely to find anything that works. Separation and divorce will usually help severely conflicting parents but, in this case, disagreements often continue to wreak havoc upon child attitude and behavior after the divorce. Children held on the floor should be let up if, and only if, they agree to lie on their bed as requested. Time spent on the floor should be added to time on the bed, since the children have bothered parents that much more than the original offense. This time on the bed has been called "time out (from positive reinforcement)" in the professional literature, and more informally "doing time," "getting minutes," or "groundation" by some child clients. Children should only be let off their beds after agreeing to behave themselves.

7. When children come out of their rooms, they should be granted all the privileges and rights of a family citizen with no further repercussions or revenge. Further misbehavior should be dealt with in the same manner as described above, with additional time periods assessed.

8. In "non-crisis" conversations, parents and children can discuss how they're doing and any changes in the family rules that might be helpful. When the crisis is over, parents and children should go back to loving and having fun together. Parents should hug their children, touch them, and frequently ask them how they are doing. Love and communication are the best defenses against all child problems.

Caution

The procedures described herein, while very effective in solving the "Child Terrorist Disorder" (C.T.D.), are sometimes difficult to implement consistently and confidently. Parents raised by abusive parents or those spoiled as children may find it difficult to follow these guidelines. They may also have been influenced by various professional "experts" who have convinced them of their child's handicap and need for special treatment. Because of these factors, parents who have any misgivings about the use of these procedures should call the author or seek the assistance of a local counselor or therapist who is compatible with the methods suggested.

Finally, while it is understandable that parents may be somewhat uncomfortable with the methods outlined herein, they are asked to examine their level of desperation and the probably more abusive methods they have already used. It is hoped that the methods suggested here may be perceived as more humane, more effective, and more appreciated by kids, who will quickly resume being responsible, successful, and happy - a behavioral and emotional pattern most predictive of the development of high self-esteem in children.

Summary

Many parents, in their desire to care for their children, overprotect and undercontrol them. The reasons may be family of origin experience, guilt about long working hours away from their children, or some handicap or difficulty the child may have or be thought to have. Although parents must listen to the advice of many "experts," they should seriously consider getting tougher when their child becomes a "terrorist." Various methods are recommended for Child Terrorist Disorder, including negotiation, democratic rule setting, securing agreements, and providing consequences for non-compliance. For counter-insurgence tactics to be effective, parental agreement on parenting practices is essential, and assistance from an ecosystems consultant or counselor is often helpful or even necessary.

Chapter 6

Fathers:

The Missing Ingredient In Child Success

Most parenting in American society is done, or thought to be done, by mothers. Fathers have traditionally gotten involved in parenting only when mothers were not available, e.g., when they were shopping or sick. In addition, the fathers' role has often not been that of co-parent, but back-up babysitter, or some role other than full-partner. The father's main job in family life has primarily been one of bread-winner and, within this context, his late hours, time out of town, or weekend golf engagements have been expected to be accepted by mothers and children. With the advent of the Women's Movement, times are supposed to be changing, but it is questionable if these changes are significant.

Besides being underinvolved in the task of parenting, fathers tend to represent a different point of view than mothers (Pruett, 1987.) This difference is usually in the direction of being more "strict" or less tolerant of child misbehavior. Sometimes, the situation is just the opposite, with the father adopting a more permissive, more tolerant, or warmer approach than the mother, his wife. The more dysfunctional the family, the more polar or opposite are the positions of mother and father, and the more severe are the problems of the children.

Effects of Father Absence

Too little parenting by either parent produces a skewed or lop-sided effect in the raising of children, in contrast to the more normal or balanced effect of equal and shared, parenting. Although parenting involvement can be too much or too little by either parent, we are focusing here on underinvolvement by fathers, since this is the major "abscence" observable in American families.

The effects of father absence are several:

1. Mother is additionally stressed with the task of raising children, a task meant by nature to be shared by two parents. The extra stress tends to be passed on to children and back to fathers in the form of increased irritability and resentment.

2. Children are deprived of a role model to complement that provided by the mother. Fathers have as much to offer children as mothers, in this writer's opinion, and children who don't see their fathers are very much culturally and otherwise deprived. The losses in child self-esteem and coping skills from father absence can be dramatic, and can mean the difference between ultimate child success and failure in life as a whole.

3. Marriages are generally negatively affected by prolonged or frequent father absence. Fathers and mothers who hardly ever see each other will turn to other people for companionship and love. These marriages do not tend to thrive or survive.

Compatibility of Parenting Approaches

In addition to father presence, mother and father compatibility is also crucial. If a child is hearing different or opposite advice from his two parents, whose advice should he follow? Father absence and parental incompatibility tend to be interactive and to go together. When parents begin to disagree, they must find a way to resolve their disagreements and to discontinue the very common pattern of inconclusive arguments, withdrawal, or both. Children of incompatible parents will be incompatible with themselves, and will look like they have a problem. Father-mother incompatibility is a major ingredient in Parent Training Deficit Disorder, and its child offshoot, Motivational Deficit Disorder.

Father's Role In Child Problem Resolution

The most important role for the father in resolving child problems is to prevent their occurence by being home and by figuring out how to be compatible with his wife in their parenting enterprise. Child problems are often a barometer of parent problems, and when child problems do not respond to common sense parental interventions, parents should look to their own relationship for answers before embarking on a wild goose chase for common or rare child diseases. A father's warmth and concern for a child, expressed in touching and questions, can often cure the "fever" of a child's problem, and restore the child to health. If the father is ineffective by himself, the mother and father should talk with their child together in an attempt to screen out any child problems rooted in confusion about parental directives or in a need to take sides in parent arguments. It is very hard for a child to concentrate on growing up when his parents haven't done so.

Fathers and Schools

A special word needs to be said about father involvement in the school life of the child. Many child problems become clear to parents only when they take place in school, and when school personnel call home to alert the parents to the child's problem. Parent tolerance of child misbehavior similar to their own as children, or parent denial of problems they are aware of, are challenged by school feedback. Parent involvement in children's school life has been limited almost totally to mother involvement. This situation is, at best, terrible and, at worst, tragic. Children do "get by" without father, and some even look like they thrive. They may get good grades or be popular with peers and teachers. But children need the understanding, interaction, and approval of both parents. Why else do they have them? Father-child interaction about school activities and father attendance at school meetings will go a long way in the direction of preventing child problems and solving them quickly when they arise.

Case Studies

Theory is valuable, but actual stories about fathers and children are hopefully more valuable. The following case examples, some of which were mentioned earlier, are provided to illustrate the ways in which child problems result from father underinvolvement and parental incompatibility, and the ways in which children improve or fail to improve as a result of their father's behavior.

The Case of Cory

Cory was a 4-year-old "brat" who refused to obey his mother and who insisted on doing things his way. Mom had read all the books and magazines she could to figure out what was wrong with Cory. Unfortunately she was looking for answers to the wrong problem. Dad, raised as a "brat" himself, was continuing the family tradition, undermining Mom's efforts to control Cory by suggesting she ease up on him and by treating him with more lenient standards. Dad was at work a lot, so Mom was lenient on Dad because she was glad to see him when he finally came home and because she didn't want to ruin the relationship between Cory and his father, whom Cory didn't see very often. Mom was not able to see the pattern of behavior she was involved in until the pre-school began to complain about Cory. As is often the case, Dad was more resistant to changing his own continuing "brat" behavior than Cory, and Mom began to insist on more responsible behavior from her husband. She asked him to stop smoking marijuana and to get more involved in nurturing her and helping her with parenting. Dad was not receptive, and Mom began to plan for divorce. Although Mom learned how to control Cory, he continued to be a problem because of Dad's poor role modeling and indirect messages to ignore his mother. If mothers and fathers cannot resolve their incompatibilities, children are better off living with their parents separately or, in cases of extreme parental incompetence, with only one or neither of their parents. Fortunately, in the case of Cory, at least one of his parents was able to set appropriate limits. It is possible that the threat of divorce, or divorce itself, will help the father to rehabilitate himself and become a better parent.

The Case of Jason

Jason was a 7-year-old behavior problem and underachiever. Mom had originally come to a parent group on "Automatic Pilot Parenting" to find some answers. She had been divorced from her husband, a recently recovering drug addict. Although asking the help of a divorced ex-drug addict may not sound like a good idea, this course of action was taken because of the general importance of fathers. Dad did come in, and proved to be just what 7-year-old Jason needed. Through Dad's presence, warmth, and encouragement, Jason turned things around within a week or two.

The Case of Evan

Not all father interventions are so quickly successful. Evan was a 13-year-old middle school child, the older of two children and one of the worst behavior problems in the school. He made noises in class, got into fights, and ran around the building recklessly, among other things. Evan was also not achieving up to his potential. Dad had been divorced twice, was a recovering alcoholic, and left most of child care to his mother while he worked and attended A.A. meetings. Grandma, unfortunately, alternated between yelling at the kids and spoiling them. Therapy for this family involved putting Dad back in charge and getting Dad and his new girlfriend to work together on the parenting task. Evan and his younger brother both improved, but there continued to be ups and downs, as Dad struggled with meeting his other commitments and finding the right balance of protection and control.

The Case of Tanya

Some father involvements are effective, but short-lived. Seventeen-year-old Tanya had already run away from home when the school asked the school consultant to help the family with their younger son, Chris, 13. Chris was at the middle school and was

"distractible" and underachieving. Mom was overbearing and rigid, while Dad was out of town a lot. Asking Dad to get more involved and Mom to back off showed quick results with Chris, but Mom was unhappy. Her central role in the family was being undermined, and her personal and marital problems were becoming more clear. Neither Dad nor Mom could tolerate the new awareness, and they reverted quickly to their standard avoidance tactics - blaming the child, getting depressed, and remaining distant from one another.

Divorced fathers, stepfathers, boyfriends, and grandfathers

The biological parents should be the first people expected to raise their children and to help them with problems when they arise. If stepparents, boyfriends, and grandparents get in the way of biological primacy, disaster can result for children. Every effort should be made to activate passive or ineffective biological parents, however dysfunctional on the surface they may seem. Non-biological figures or more removed biological ones, like grandparents, should play secondary and different roles. When one or more biological parents is totally removed from the picture, e.g., through death, total disappearance, or inability to love and care for a child, other biological and non-biological figures can attempt to fill the gap. Much good can come from therapeutic attempts to re-involve distant or seemingly dysfunctional fathers in the lives of their children. These comments apply to females as well.

Summary

Fathers have traditionally been underinvolved in the raising of children. When efforts are successful in increasing father involvement and helping mothers and fathers to work together on parenting, children benefit greatly. Other more removed biological and non-biological figures should become substitute parents only when many serious attempts to rehabilitate or involve biological parents have been tried.

Chapter Seven
School-Based Collaboration:
Constructing A Partnership That Works

Any discussion of parenting must include a consideration of collaborative interaction with school staff. Teachers and other school personnel have a unique opportunity to observe children in a non-home setting for extended periods of time. Children in this setting may display different behaviors or the same behaviors that may be viewed by teachers in different ways. School personnel can provide alternative or confirmatory evaluations of a child's attitude and behavior which can be invaluable to parents, particularly those who begin to have home or school problems with their children.

Unfortunately, despite the many values of home-school collaboration, few school systems provide such opportunities. For whatever combination of fear, territoriality, habit, or other reason, parents and school personnel are usually unable or unwilling to open up to each other in a cooperative way with honest communications and interactions about children cared for in common. Power and Bartholomew (1987) have described five "family-school relationship patterns": Avoidant, Competitive, Merged, One-Way, and Collaborative. Only one of these is positive and helpful, namely, the collaborative pattern.

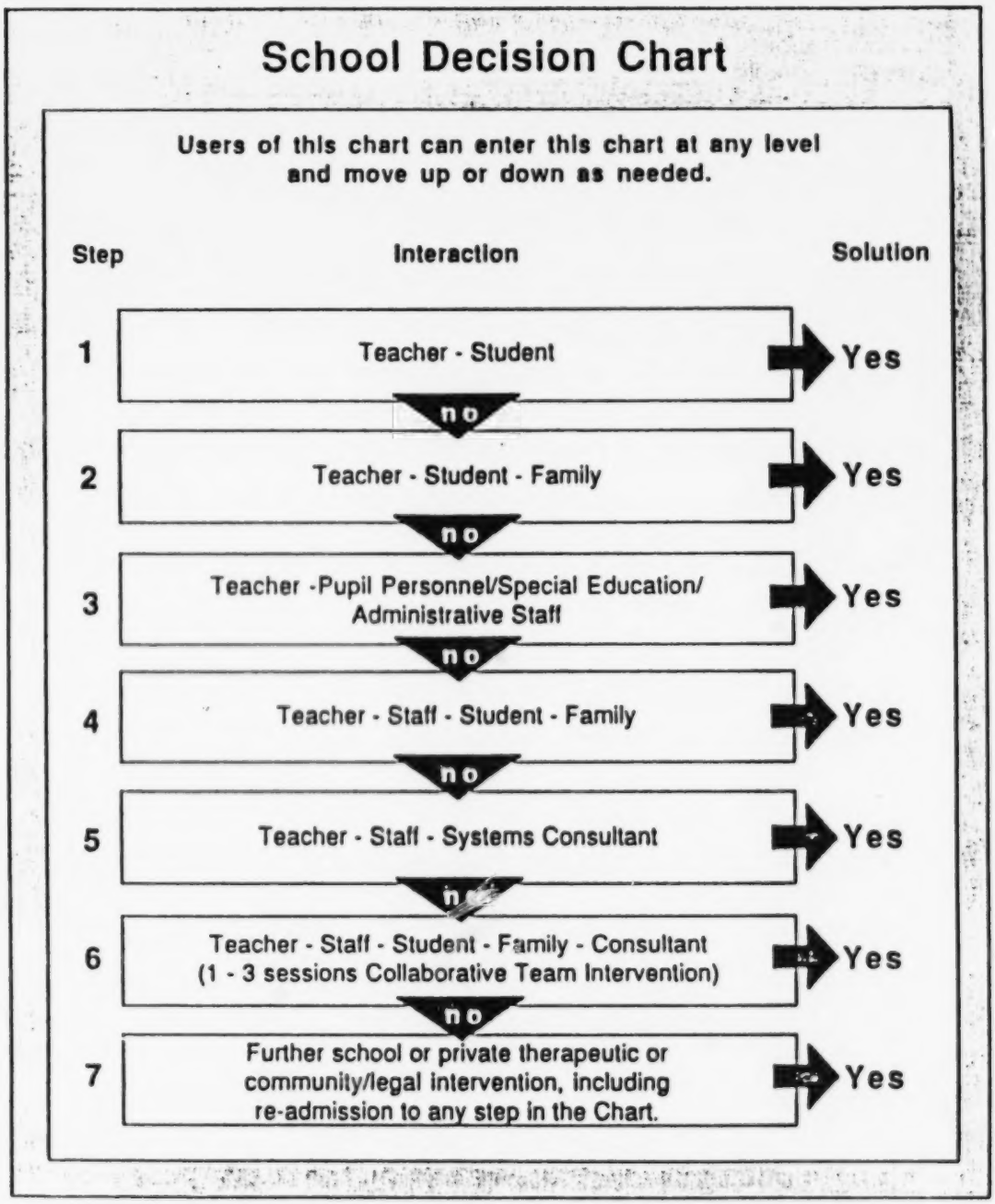
The Facets™ Collaboration Program

Because of the uncooperative state of affairs between home and school, this writer has developed a concept and method called The Facets™ Collaboration Program. A brief discussion and case example of this model was provided earlier, in Chapter 3. Through this approach, school personnel are trained in methods of talking to parents in more candid and forthright ways. Parents can be trained in similar methods. As parents and school personnel begin to trust each other and to interact

under the supervision of trained "ecosystems" consultants, child problems begin to be less mysterious and more clear. Problems thought initially to be "intrapsychic" are reframed as contextual, and solutions become more possible. As adult issues like disagreements about parenting become more obvious, so do the meanings of child problems. As collaborative methods are implemented, the need for individual counseling, psychological testing, special education, and psychiatric hospitalization is reduced. Children can more quickly get back to the process of living and learning, and adults can deal with their own individual, marital, parenting, and pedagogical problems. A comprehensive presentation by this writer of the FACETS program is available in another publication entitled, School-Based Collaboration: Constructing A Partnership That Works (O'Callaghan, 1991).

The School Decision Chart

Figure 4 presents "The School Decision Chart" which outlines a flow chart of collaborative interactions designed to solve child problems in a step-by-step progressive fashion. Simpler methods, like teacher-student interaction, are tried first, with more complex interactions, like the Collaborative Team Intervention, tried later. The School Decision Chart portrays a process different from traditional school procedures in that the family is brought into the picture earlier and more intensively, and shared communications between all relevant adults are tried before referral of the child alone to individual assessment procedures. Most child home and school problems are solved through the use of this collaborative procedure. Although the "ecosystems consultant" gets formally involved only in Step 5, he or she is available to the collaborative team at any previous intervention step. Also, as teachers, school personnel, and parents become more familiar with the larger intervention approaches, they sometimes choose to skip steps to avoid needless delay on steps deemed in advance likely to be ineffective.



The Decision Chart is provided as a useful structure for efforts to solve child academic, psychological, and behavioral problems. Interactions are communications designed to produce successful solutions.

Figure 4: The School Decision Chart

Figure 5, the Collaborative Team Intervention (CTI) List, outlines some of the people who might be invited to participate in various steps in the collaborative process. As can be seen from this list, many people from the family, the school, and related social agencies can attend collaborative meetings.

COLLABORATIVE TEAM INTERVENTION (CTI) ATTENDANCE LIST

STUDENT	SCHOOL	COMMUNITY
Child	Teacher	Private Therapist
Both Biological Parents	Principal	Juvenile Court Officer
Siblings	Assistant Principal	Medical Doctor
Extended Family (aunts, uncles, cousins, grandparents, etc.)	Guidance Counselor	Case Worker, Dept. of Children and Youth Services
Stepfamily	School Psychologist	Town Social Worker
Adoptive Family	School Social Worker	Town Youth Service Officer
Friends	Special Area Teachers	Day Care Center Workers
Neighbors	Special Education Personnel	Religious Personnel
	Classroom Aides	Police Youth Officer
	Teachers and support staff of siblings	Lawyers

This list is by no means exhaustive. As practitioners begin thinking in a "systems" way, they add to this list creatively as needed.

Figure 5: CTI Attendance List

The Case of Jim

A case example of the "flow" of collaborative intervention may be helpful in understanding the process. Jim was a 15-year-old boy who had been "specially" treated all his life, including being force-fed for the first six years of life because of a medical problem. Jim had been given every possible concession at home to make life easier for him. There had been some underachievement and learning disability with an older sister, but more was expected of her, and she was currently doing fine as a senior in high school. Jim had a younger sister who was also doing fine. Jim, however, despite thousands of hours of special treatment over fifteen years, was failing 10th grade and doing worse than ever. Dad, who called Jim "honey," had recently attempted to strangle him and had been reported to the Department of Children and Youth Services (DCYS) for child abuse investigation. Mom and Dad, as usual, disagreed on how tough to be on Jim. The parents' marriage, which is also frequently a factor in child problem development, was of questionable vitality. No interaction was noted between husband and wife during several interview and therapy sessions.

Etiology and Maintenance of Problem

As is clear from the above description, Jim's problem is again M.D.D., i.e., not in Jim, but in the thinking and behavior of his parents and the school personnel. Jim is given excuses for his behavior which is attributed to medical causes. The adults conspire, unconsciously or consciously, to avoid correct diagnosis because of personal, marital, or family/school conflicts. Jim, of course, is the big loser in this comprehensive charade.

This cycle can be broken, however. By using the collaborative model, the teacher in 10th grade can note within two or three weeks that Jim is not paying attention in class, is distractible, is not doing his homework, is doing poorly on tests, is asking obvious questions, and doesn't know the answers when called on.

Step 1

In Jim's case, at this point, teachers at the high school level can either independently or in conjunction immediately begin to use various individual motivational techniques designed to bring Jim into line. Strategies such as warnings, lectures, encouragement, praise, and modeling, can be used.

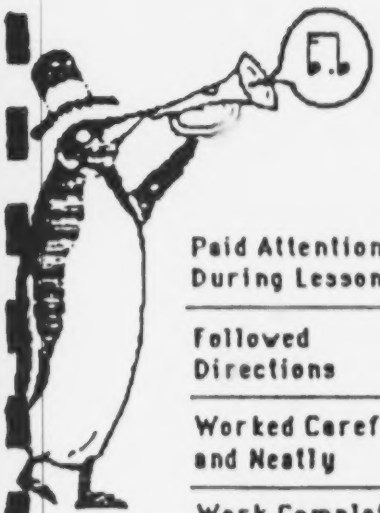
Step 2

If after one week of individual motivation, Jim is still not working to capability, Mom and Dad can be called into the school for a conference. The invitation to both parents is crucial, since many home and school problems are rooted in disagreements between Mom and Dad. Teachers need to have the opportunity to assess for themselves the capabilities of both parents and their level of cooperation and agreement with each other. They want to see how the student interacts with both parents to determine whether this may be part of the problem.

At this stage of the process, the teacher may choose to initiate the use of the Daily Report Card. The Daily Report Card, as given here (See Figures 6 and 7), has been found by this writer to be extremely effective in improving student performance, effort, and behavior in school. The Daily Report Card provides for the grading of kids on a few discreet variables daily. At the elementary level, these items might be behaviors like "followed directions" or "completed work on time." In higher grades, each course would have four categories for grading: behavior, effort, homework, and classwork. Through the use of the Daily Report Card, parents can get information on school performance and can "motivate" the child at home through encouragement, mutual problem-solving, or the use of positive or negative consequences.

When teachers become proficient at dealing with parents in different, more direct ways, it is possible that 80% of child behavior problems can be solved at the level of Step 2, i.e., prior to any administrative or special services involvement.

DAILY REPORT CARD



Weekly Notes for _____

FOR THE WEEK OF _____

	M	T	W	T	F
Paid Attention During Lessons					
Followed Directions					
Worked Carefully and Neatly					
Work Completed on Time					
Followed Classroom and School Rules					

Parents Signature _____

Figure 6: Daily Report Card: Elementary School

DAILY REPORT CARD

Name _____

HomeRoom _____

Day of the Week _____

Classwork and Homework

A - Superior
B - Commendable
C - Average
D - Passing
U - Unsatisfactory

Effort

1 - Above Average
2 - Average
3 - Unsatisfactory

Conduct

1 - Commendable
2 - Satisfactory
3 - Unsatisfactory

Subject	Classwork	Homework	Conduct	Effort
Reading				
Language Arts				
Mathematics				
Science				
Social Studies				
Phys. Ed.				
Unified Arts				

Comments

_____
Mother's Signature

_____
Father's Signature

Parent's Comments:

Figure 7: Daily Report Card: Middle School/High School

Step 3

In the event that the child problems are unresponsive to teacher-parent-student interactions and interventions, administrative or special services can then be called in to meet with and help the teacher. In the case of Jim, his anger at his parents, or his parents' infantilization of Jim, might be more obvious to staff more specially trained in interpersonal dynamics.

Step 4

In Step 4, the family is added to the group assembled in Step 3. Step 4 is an extension of Step 3 and is only required if the plan devised in Step 3 has not worked. It is hoped in this step that bringing everyone together may produce some interactions which will make better diagnosis or treatment planning possible. Jim's excuses for his misbehavior, for example, may be seen as less tenable when everyone gets together and "sees the light."

Step 5

If Step 4 is insufficient to solve the problem, the ecosystems consultant is called in to help school staff to devise solutions. Solutions may involve action by school staff without the consultant present or movement to Step 6, the "Collaborative Team Intervention."

Step 6

In Step 6, a family systems or "ecosystems" consultant is called in to orchestrate the interactions of family and school personnel in a format called the "Collaborative Team Intervention." The consultant should have specialized training in maneuvering communications between people in such a way as to find solutions and/or secure group agreement to implement them. In the case of Jim, family and school may both be blaming each other, and the presence of a "neutral" and authoritative "third party" may be necessary

to calm ruffled feathers and motivate action.

Step 7

At the conclusion of the 6-step collaborative intervention process, some problems are already solved. In most of the situations, however, further work is necessary, either in the classroom between teacher and student or with some of the other members of the collaborative team. Referral to outside agencies may also be necessary to complete the work begun in school. Finally, problems may re-occur in the same form or in another form somewhere down the road. At this point, some step in the collaborative process can be re-invoked.

Summary

All of the child problems the adult world is so upset about - drug and alcohol abuse, suicide, school failure, and other problems - are principally the result of caretaking errors and, more specifically, the result of the failure of family and school to adequately collaborate. The solution, again, is not to "just say no," but to say "yes" to school-based collaboration. It is hoped that the descriptions provided here help to explain a "collaborative" method thought to be clearly superior to current practice in families and schools.

Chapter Eight

Special Problems: Pregnancy, Substance Abuse, Divorce, Accidents, School Failure, and Suicide

It is probably safe to say that on any given day in any town or city in the U.S. one could read a newspaper account of a recent child tragedy. Reports of teens longing to have babies, children falling down wells or out of apartment windows, and children killing or being killed abound in daily papers and weekly magazines. What is even more frightening and depressing is that parents and school and community leaders don't seem to know how to prevent these tragedies.

As is the case with all child behavior dysfunctions, suicide, teen pregnancy, school failure, and other problems are principally caused by parenting and other adult dysfunctions of protection and control. Intrapsychic thinking contributes to the problem as well, resulting in statements like the following: "The rape victim was rendered helpless by alcohol." The impression is given by this statement that alcohol lives and breathes and that it attacked a woman, rendering her "helpless." The reality is that the woman actually chose to drink an inanimate substance and that she made this choice because of habits developed mainly through interaction with her parents. The present chapter focuses on the application of the principles and practices of automatic pilot parenting to the great social problems of today's children. The emphasis in this chapter will not be on grief reactions to events thought to be haphazard. Instead, an interactional analysis will be presented that leads to the prevention of these events in the future.

Teen-age Pregnancy

The phenomenon of children having children is becoming an increasing problem. In addition to accidental pregnancy, there are even reports that children are now trying to have children. It is hypothesized by some, probably correctly, that these children,

teen-agers, are probably looking for love they are not finding at home or in relationships with peers.

It is in its reaction to the teen pregnancy issue that the society reveals a blunted vision or lack of courage. If the pregnancy problem stems from dysfunctional relationships with parents, then why are its commentators referring exclusively or mainly to intrapsychic pseudo-solutions like individual counseling, pregancy "planning," and evening high school classes for the girls already pregnant? When faced with difficult problems, our leaders seem to lose touch with logic.

The solution to the problem of teenage pregnancy is, of course, better parenting and better collaboration between family, school, and community. Our leaders seem to have given up on these basic common sense dynamics. Only when the priority and the funding is shifted from the intrapsychic to the interactional approaches will the problems be solved. This can be done through school-based collaboration in which adults intervene with children when they first show signs of dysfunction. This occurs long before children are capable of conceiving children.

Drug and Alcohol Abuse

The drug and alcohol problem in America seems to be approached with the same intrapsychic blinders. The connection between adult and child drinking does not seem to be grasped. Laws are passed raising the drinking age to 21 in the apparent belief that fear of punishment is a stronger influence than imitation of one's parents and the need to carry out their "job assignment." Police eagerly arrest 9-year-old distributors of drugs and create "drug education" for youth, paying little attention to parents' ability to control the purchasing behavior of their children. Prohibition did not work with alcohol in the 1920s, and it will never work with drugs. Neither did "drug curricula" and TV commercials work in the 1970s. Yet we continue to prefer intrapsychic, prohibitionistic, and educational approaches to interactional ones. Prioritizing and funding to increase parental exposure to "parenting by automatic pilot" will be the fastest and most secure route to solution to the problems of drug and alcohol abuse. School-based

collaboration can greatly facilitate this process. It may also help for our adult leaders to admit to our children that it is not good politics or economics to totally eradicate the drug trade, and that our nation has no intention of waging a real "war" on drugs. Again, it might help if children listening to lectures warning against illegal drug use were not already taking "prescribed" drugs they don't need for problems they probably don't even have. Finally, it might help if childrens' parents were also not taking equally useless prescribed drugs for similarly misdiagnosed conditions.

Children and Divorce

Children of divorce often suffer from increased depression and anxiety. But some of these children actually improve after a divorce. Recent studies conclude that the primary source of stress to children whose parents are in conflict is the actual conflict, not whether or not it results in divorce. The solution to the impact of divorce on children, therefore, is to help the parents when marital conflicts first arise. For this to happen, priorities and funding will have to shift from divorce groups for victims of divorce to preventative support groups for married couples and therapy for families who are preparing children to get divorced in the future. Divorce groups for school children would be less necessary if schools were working more intensively with families. Parenting dysfunctions continue to produce children who marry too soon or who will never be ready for marriage.

Accidental Death

Another example of tragic child problem behavior is "accidents." The word, "accident," is put in quotations here because much of this behavior, in this writer's opinion, is not, strictly speaking, accidental, but rather purposeful. Children who have accidents are often angry or feeling unloved, and decide consciously or unconsciously to do damage to themselves, someone else, or to some thing, perhaps all three. Sometimes a teenager, for example, will announce that he is going to crash his car into

a tree, and then will do it. This event is called an "accident," but it really isn't. A 15-year-old recently fell off a cliff to his death while "hanging out" with his friends. His death was called an "accident," but an analysis of his family revealed that he had severe anger toward his parents and was not living at home.

School Failure

Failing out of school is not usually the result of lack of ability, medical illness, or other factors that "happen to" a child. It is rather the learning of an attitude in a family, school, and community ecosystem or environment. To keep a child in school, the society must train him or her to have a good attitude toward school. Society, through its schools, puts most of its emphasis and money on commercials exhorting kids to stay in school, on "special" curricula that are less demanding, and on testing and counseling for mysterious neurological disabilities. While efforts such as these are sometimes helpful, most school failure is the result of child anger, anxiety, depression, and fear that stem from dysfunctional relationships, especially with parents. School budgets spend very little on these matters of primary importance.

Suicide and Homicide

The most serious social problems of children are homicide and suicide because as a result of these behaviors, someone is dead. Some suicides and homicides are easily predictable. The children talk of death or murder. Others are more surprising. Two students in a high school "alternate learning program" were supposedly doing "well" in the program. One was called "Mr. Outgoing." Today, both are dead. One was shot to death by his father to whom he was very attached and with whom he spent much of his time watching TV horror stories and riding motorcycles. This father then shot his mother and himself. The other boy threatened a drug dealer and was shot to death. Schools that don't work with whole family dynamics sometimes think they are succeeding and wind up burying their "success."

The same pattern applies to suicide. One 19-year-old was notorious for sleeping through classes during high school. Because he was quiet, teachers left him alone. Rumor had it that he was upset at losing his eyesight. A year after high school, he blew his brains out with a shotgun in his bedroom.

Another child, 16-years-old, was thought to be doing well in school and personally after a suicide attempt at 15. School officials declined to get involved in collaborative systems efforts with the family but rather preferred "their" intrapsychic approaches of individual and group counseling in school. This girl lived with her father who bitterly resented his ex-wife for leaving him. The 15-year-old overdosed on sleeping pills and died. It was labeled an accident.

Family dynamics are the principal factor in homicide and suicide. Individual, intrapsychic diagnoses and pseudo-solutions will not be sufficient.

Summary

Any child behavior problem is most likely the result of dysfunctional parenting and adult interactional thinking. This is especially the case with severe child problems like drug abuse, teen pregnancy, and suicide. Social and educational programs based on intrapsychic thinking and individual procedures will not have a significant effect on the virulence of these problems. The society will continue to pay dearly, emotionally and financially, until it accepts total responsibility for accomplishing its most important task, especially through its schools. This task is the provision of whatever is necessary for the creation and maintainence of healthy and sane families.

Chapter Nine
Automatic Pilot Parenting:
Questions and Answers

The ultimate goal of understanding children and parenting is to know what to do in specific situations. This chapter, in the form of questions and answers, will focus on practical guidelines for specific difficult parenting dilemmas. Ages of children are generally not given because many of these problems occur at many ages.

Q: My children are always asking for more and more privileges. As a parent, don't I make the rules and shouldn't I be saying "No" ?
A: Yes and no. Yes, you do and should make the rules and say no sometimes, but no, you shouldn't do these often. The most important consideration is the child's learning to self-regulate, i.e., learning to say yes and no himself to various opportunities. It is a waste of time and also harmful to make rules and decide for children when they already can do this for themselves. Through "parenting by questions," parents can discover what children can and can't do, and help them come to their own conclusions. Parental "veto power" is available as a last resort for uncooperative or incapable children. When dealt with warmly and respectfully, most children are neither.

Q: What do you do with a child who won't go to bed on time and whom you can't get up in the morning?
A: Generally, these "dragging their feet" children are protesting the overcontrol of their parents or demonstrating the results of that overcontrol, namely, the inability to self-regulate. Usually the best approach here is to negotiate with these children, even sometimes with 4 or 5-year-olds, the issues of when and how they would like to go to bed and get up. If they are deciding these matters, then they are responsible for the execution of them. When kids are just totally incapable of self-regulation on certain matters, parents can override with veto power.

Q: What are reasonable curfews for teenagers?

A: Curfews are like other "rule" issues, a matter for negotiation between parents and children. Parents of 17-year-olds are still imposing curfews. The child may be one month from adulthood, and yet he is presumed to be unable to know what time to come in at night. When is he going to learn? If he really can't regulate, then it is probably time for more talk, not rules.

Q: My child refuses to eat his dinner. He says he doesn't like it.

A: First, ask your son to participate in dinner selection. He can have one vote, as can other family members. Or he can choose the dinner a certain number of nights. Most likely, this will intercept his oppositionalism. If not, ask him to leave the table after five minutes of non-eating and give him no more food the rest of the evening. Avoid anger, revenge, yelling, lectures, and punishments. Being nice will help him to realize how hungry he is.

Q: My daughter wets her bed. What to do?

A: Children who wet their bed are usually doing it to get more attention or control of family life. Most bedwetters, or children who wet or soil their pants, are not medically dysfunctional and should be dealt with calmly and without fanfare. Their problem is their problem for the most part, and parents should negotiate rules only for those aspects of the problem that directly affect the parents, e.g., a smelly room or damaged mattresses. Parents have a right to protect themselves from parent abuse. Kids usually are very receptive to overtures that are benevolent. Some of the questions that are important to ask are:

Do you want to stop wetting the bed?

Do you like being dry?

Do five-year-olds wet the bed?

Do you want to be five?

What should we do with the soiled sheets?

How can I help?

After some basic procedures are established, it is important to treat the matter casually and with optimism about eventual success.

Q: My child doesn't do his homework, and even when I force him, he doesn't bring it into school or crumbles it up. Ideas?
A: Again, negotiation primarily. Ask him if he has goals in life, what are they, and what is the place of homework in those goals. Child discussion of these topics produces either greater work and motivation or a greater understanding of the child's problems by the parents. Occasionally, children have to be "punished," i.e., deprived of pleasures or put on their bed, as consequences for inappropriate behavior. These "time-out" procedures should be as brief as possible, but also as long as necessary to accomplish the goal of child compliance. Again, questions and negotiations first - force second.

Q: My kids are always fighting. Nothing works.
A: Sometimes one child is clearly the sole culprit. In this case, only he is talked to or given consequences. Otherwise, the best method for this problem is to ask the combatants to sit down and resolve their difficulties with each other. The parent can act as a consultant if the kids are too angry to do it by themselves. Lying on their beds for a cooling-off period should be the back-up plan. The kids should not leave their beds until they have indicated that they are ready to play nicely, that they understand why they got into the fight in the first place, and that they know how to avoid future fights. A step-by-step procedure for dealing with sibling rivalry is provided in Chapter 5.

Q: My kids lie. Help!
A: Give them less reason to lie by being sure you listen and respond when they tell the truth. Some kids lie unjustifiably just to get attention or gain control. Most of the time, however, lies are last ditch weapons against unjust aggressors, parents. Guarantee amnesty, and you will usually get the truth. Then work out a better plan for the future. Some children are incorrigible liars, but these are rare, and parents should first look in

the mirror for problems with themselves or with their parenting approach.

Q: My kids' room is a mess. Shouldn't I have the right to a clean room?
A: Yes. Your own. Kids need to have some space to call their own and learn to take care of. Their bedroom, or playroom, is this kind of space. Certainly, we can train them and encourage them to be neat, but insistence on total compliance to parental standards is dangerous. First of all, who has certified the parents' criterion of neatness? There is such a thing as being too neat also. Do we really want our children to be as obsessive-compulsive as we may be? Some basic standards of safety, health, and respect for property can be enforced, preferably after negotiation with children. Other than that, helping children to set their own standards is the better alternative.

Q: My kids drink. The legal age is 21. Should I interdict, search for, and destroy as much alcohol and cocaine as possible?
A: Drinking "adult beverages" is not the best habit in the world, but by 16 or so, 80% of kids are going to drink occasionally. The most important issue, therefore, is not whether kids drink, but how much and how responsibly. Drinking thus becomes an issue just like any other child behavior issue and deserves the same low level of hysteria. The stakes are high, but hysterical "wars on drugs" do not solve the problem. Kids can fight wars, too, using more effective weapons like suicide and dropping out of school. Most kids don't want to be drunk or "wasted." Through respectful communication, kids will agree to stay away from illegal drugs and drink low levels of the legal drug, alcohol.

Unfortunately, our leaders have made things worse by making a product that is legal for adults, but illegal for those trying to become adults. It just won't work. We have recently made things even worse by making alcohol illegal even for adults, i.e., those adults between 18 and 21. Apparently, we have still not learned the lessons of Prohibition. Negotiation on alcohol use will produce great gains. Some kids may have to go to "rehab centers," but the number will be 90% fewer if adults learn how to be

better models of responsible alcohol use and better communicators with children.

Summary

The questions and answers provided above are but a few of the hundreds that could be included. It is the hope of this writer that the specific guidelines offered here can be generalized to other situations or can be the seeds of more developed interventions. New situations will continue to occur. What is needed is a philosophy and visualization of the meaning of child behavior and a balanced parenting approach that results in children who raise themselves.

Chapter Ten
Public Policy and Children:
Time For A Change

This book has been about parenting. Specific suggestions have been presented which, if followed, will provide the principal ingredients in the recipe for successful child development. It would, indeed, be a very pleasant task to end this book here, confident that the fate of children is secure. Alas, this is not the case. And it is not the case for several reasons:

1. Not every parent will read this book. Hopefully, many will. But it is probable that those who need it most will not read this book.

2. The principal readers of this book will be mothers. As discussed earlier, unless fathers read the book and achieve, with their wives, a joint and consistent parent policy, the effect of the book even on those who read it will be minimal.

3. Even those parents who are informed and who are working together on parenting will be faced with a world in which most parents are not. The result is a "jungle" atmosphere for children of all ages, not just in the ghetto, but everywhere, an atmosphere in which large numbers of children are wandering around depressed, angry, and aimless. Good parenting is not enough to protect our children from the ravages of this sociological situation. Public policy changes are necessary to help or force uninformed or unwilling parents to take better care of their children or to arrange for these children to be taken care of by someone else. Current public policy blames children for the incompetence of their parents, and after sometimes harsh, and usually ineffective, punishment, sends

these children back to their unchanged family environment which caused the problem in the first place. What is clearly needed is a public policy directed at parent, not child, change.

Public Mismanagement of Children

Although it must be the case that some legislators, judges, police chiefs, and other officials understand the notion that children's behavior is principally the result of their parents' attitudes and behavior, children continue to be treated as if they grew up alone. As a society, we do not blame even the best tomato for dying when it is not watered or fed, but when children misbehave, they are the ones held accountable. Little mention is made of the parents in charge of their care and feeding.

There are numerous examples of current public myopia or denial. In the case of the infamous 1989 "wilding" attack on the Central Park jogger, discussion centered exclusively around the appropriate punishment for the teenage culprits. The parents of the teenagers were kept in the background and were reported to be normal and good. Neighbors were "shocked" that boys from such fine homes could have been so cruel and violent. Peer pressure was blamed for the boys' behavior. Even a year later there was no mention of the need for the parents of the criminals to change.

On the issue of teenage drug and alcohol abuse, our leaders are similarly blind or misled. Almost all public discussion of the cure for the drug epidemic focuses on interdiction of the supply of drugs, police and judicial action against drug pushers and users, and drug education and rehabilitation for children. President Bush's visit to South America is presented by editorial commentators and government leaders as an indication of his clear commitment to the winning of the drug war. The lessons of Prohibition seem to have been forgotten by this generation of leaders. It cannot be the case that they have forgotten the power of the family unit. It must be that they have given up on the task of helping or requiring parents to do a better job. Most drug education programs are aimed at children alone, asking them to "Just Say No." Most children will not be able to do this without parental support and/or monitoring. We

seem to be mathematically confused. If parents cannot manage their own children, with a ratio of 1 to 1 or 1 to 2, how can strangers like police and judges manage them with a ratio of 1 to 100 or 1 to 1000? California legislators are considering passing a law that will punish or otherwise provide consequences for parents of child felons or criminals. These parents may be charged with "contributing to the delinquency of a minor." Although there are Constitutional considerations to be addressed here, this is a step in the right direction.

The Family: A Change of Focus

Children will continue to abuse and be abused until we begin to emphasize work with their families. Every child alive has at least one adult who loves it or one who can be found to love it. That adult is its family. If we change our focus to the families of children, we can change children, usually without punishment and without tiresome and expensive bureaucratic procedures. Children do not belong in school detention, on school suspension, or in jails or rehabilitation centers. Almost all of these measures are unnecessary if families are helped to manage their children. What are some specific approaches?

1. The Homebuilders program is a good example of reversing the directionality of our helping efforts. When children are found to be abused by their parents, Homebuilders goes into the home to help parents change. Many regional and statewide offices of the Department of Child and Youth Services (DCYS) are adopting this program as an alternative to the traditional practice of giving up on parents and taking their children away from them.

2. This same approach can be taken by crisis and psychiatric units in hospitals. Instead of hospitalizing children thought to be suicidal or otherwise disturbed, hospital staff can be trained to help parents do better at home. Many well-meaning parents, open to help, are having their children hospitalized against their wishes, or are

voluntarily placing their kids in exasperation. Hospitals mistakenly take the children away from their parents, often for weeks or months at a time, with token or ineffective efforts to change the family environment. This job is best done in the home, not in hospitals or residential programs.

3. Police and courts can take alternative approaches to arrested children. Police can take them to their family and discuss parenting changes. Parenting courses can be required of parents, just as educational courses are required for drivers convicted of "Driving While Intoxicated" (DWI). Family therapy can also be required. Course teachers or therapists can be required to certify that parents have "passed" the course, i.e., have gotten the message and have changed. Instead of sentencing kids, judges can bring parents into court again and again to ask them to explain their failure, and offer punishment or help, as indicated, to parents, not children. Parents should sometimes be asked to come to court without their children, to dramatize the responsibility of parents.

4. As discussed in Chapter 7, the Facets™ Collaboration Program offers a very effective vehicle for both the detection and remediation of family problems. This program can be suggested or required by other agencies in the community which become aware of child problems.

Funding: Putting Your Money Where Your Mouth Is

Arguments for a shift of focus from child to parent responsibility can be made ad infinitum. There is, however, what might be termed a "Black Hole" phenomenon in our society, whereby whatever is said along these lines "disappears into space." The notion of holding parents responsible for child behavior strikes too close to the core of societal fear, guilt, and shame. There is perhaps an adult fear that asking more of parents would be too high a price for all of us, including our leaders. It is more convenient to pretend that children develop by themselves and can change by

themselves.

If anything significant is to change for children, the adults must re-direct their spending. We can simply not get the job done by putting 80% of our money into talking to the children, the victims of abuse and mismanagement, while the perpetrators are ignored. A study by the National Mental Health Association found that 70% of our national mental health budget is spent on residential treatment. Outpatient and preventative treatment is much cheaper and more effective, yet we continue to mismanage our money as well as our children. School-based drug education programs like DARE and Here's Looking At You 2000, as well as other youth self-esteem programs like QUEST, do not involve parents and, as such, are doomed to failure. In conversations with dozens of community and government leaders, school superintendents, principals, and other "movers and shakers," one finds few people ready to spend money sensibly. There is one excuse after another:

We don't have enough money
Funding has been cut
We already do that
It won't work
Why don't you talk to _____ ?
I'll get back to you
We're trying another approach
You're too blunt and offensive
You shoot yourself in the foot
You're not a team player
You have a messianic complex
I agree with you 98%, but I'm not going to force anyone under me to do it.

Conclusion

One could go on and on. As the noted educator, the late Ronald Edmonds, has stated, "We can, whenever and wherever we choose, successfully teach all children whose schooling is of interest to us. We already know more than we need to do that. Whether or not we do it must finally depend on how we feel about the fact that we haven't so far."

It is time to agree with Mr. Edmonds and act. It is time for a change.

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